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ORIGINAL ARTICLES.

THE RATIONAL TREATMENT OF WOUNDS, SURGICAL AND ACCIDENTAL.

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IV.

COAPTATION.

If we observe how readily an incised wound of the skin will unite when its lips are brought in close contact with each other, we have an example of what will occur if all the tissues throughout the extent of any wound be similarly brought together, and this the more readily in proportion to the distance from the surface; for, given the absence of foreign bodies, the deeper the wounded tissue, the better its conditions for immediate union.

Let me not be misconstrued as to the value that I give to this term, "immediate union," or, as it is usually termed, union by the first intention. There is but one way in which nature heals wounds, whatever authors may say to the contrary. Whether they heal in a day, without a trace of suppuration, or in a month, after an abundant discharge, there is always a new tissue formed between the two cut surfaces; it may be so thin that it escapes the naked eye, but it is there. When a living tissue is once cut, its histological homogeneity is destroyed forever. If nature is left undisturbed, the process of healing is one of continuous progression in the building of the new tissue, which is to fill the gap caused by the wound. But if nature is disturbed, either by adverse circumstances or by officious surgical interference, the work is one of retrogression first—that is, the breaking down of the cut surfaces; and of progression afterwards—that is, the granulating or building up of new tissue.

Now, then, if the two cut surfaces are carefully placed and maintained side by side, the first cell layer of new tissue forming on the one side will touch, mingle, and interlace with the first cell layer of new tissue forming on the opposite side, and thus unite the broken surfaces in the shortest possible manner and with the least possible amount of new tissue between them. This is union by the first intention.

From what we have before said, it follows that under the head of coaptation we must consider the means of bringing together and keeping together all the different tissues throughout the depth and breadth of a wound.

The best and the most rapid union takes place when like tissues are brought in contact with like tissues—that is, muscle with muscle, tendon with tendon, nerve with nerve, cellular tissue with cellular tissue, bone with bone, skin with skin—and this should always be done if possible; for the more this is carried out, not only the more rapid and perfect is the union, but the less is the impairment of function after an injury.

The materials for accomplishing this end are adhesive plasters of different kinds, needles and threads of

various shapes and substances, and different appliances for supporting the tissues and making pressure in certain directions.

Superficial wounds, that is, wounds of from an eighth to a quarter of an inch in depth, unless muscular tissue is cut transversely and gape in consequence, need but gentle lateral traction with adhesive strips of either rubber or resin plaster to bring them together, and gentle pressure by means of a soft compress and a bandage to keep them so. However, I am so convinced of the injurious effects of ointments and pastes, that I would not use or advise the use of adhesive strips without protecting the edges of the wound with a piece of dry oiled paper or silk, lest the emplastrum should insinuate itself between the lips of the cut, act as a foreign body, and delay union.

Wounds which are too deep to be brought together by adhesive strips, and yet not deep enough to require more than strong surface traction, such as are usually approximated by one set of superficial sutures, and are from a quarter to half or three-quarters of an inch deep, may be brought together by the use of a suture clamp of my own invention. It consists of a strip of lead one twenty-fourth of an inch thick, a quarter of an inch wide, and of any desired length, surmounted with little buttons on one side at intervals of a quarter of an inch. These strips I cut with ordinary scissors of any required length, place one on each side of the wound, close to the edge; fix it there by means of adhesive strips—first under, then reversed over them; and when these are dry and firm, bring the wound together by lacing a silk twist over the little buttons, just as you lace a corset or a shoe.

These little clamps are easily made, easily molded to the shape of any wound, and their use will save a great deal of anxiety and pain. These same wounds may also be kept in apposition by the use of *serre-fines*; these are little clamps, consisting of two serrated ends joined by a spring.

Wounds of more than an inch in depth cannot be joined without sutures, and sometimes more than one set are required; while in irregular wounds, and wounds with loss of substance, well-directed pressure is needed in addition to sutures, both deep and superficial, to keep the deeper parts in contact. For, unless the parts actually touch through their entire extent, immediate union will not take place, and granulations will spring up to fill the gap. Of course this cannot always be avoided, and our efforts must then be directed towards having as much immediate union and as little granulating as possible, and towards having the latter process go on in continuous progression; that is, without suppuration.

The question of bringing the lips of a wound together by sutures, is by no means an unimportant one; in fact, it is on many occasions, the most difficult part of the proceedings. In such operations as gastrotomy, colotomy, operations for ruptured perineum, for cleft-palate, and many others, mismanagement of the sutures bears the burden of one-half the failures.

The material heretofore used for sutures are needles of various shapes and sizes. Threads of various kinds, silk, wire, horse-hair, cat-gut, angler's-gut, etc.; certain appliances for the purpose of regulating the direction of the traction to be exercised, such as perforated buttons, beads, etc.; and others to act as splints and support the tissues while they unite, such as pins and quills.

The needle should be adapted to the amount of tissue to be pierced, to the degree of resistance to be encountered, to the direction of the opening to be made, and to the size and quality of the thread to be carried.

The conciliation of these considerations involves a problem of difficult solution, and has a tendency to make the needles larger and more destructive than they would otherwise be; for in order that the eye of the needle, armed with its double thread or kinked wire, should pass through the prolonged and sometimes tortuous opening, a larger cut has to be made than the thread alone requires, causing pain that might be avoided, and oozing of blood that may prove troublesome; while, on the other hand it is necessary to use a degree of force in the introduction of the needle that is sometimes difficult to direct as accurately as the case requires.

Attempts to obviate these shortcomings have been made in various directions, such as:

1. Placing the eye near the point of the needle and joining this to a long and stout handle.
2. Placing the eye in the axis of the needle.
3. Making the needle completely hollow, so as to pass the wire through it after it has pierced the tissues.
4. Furnishing the needle with a screw bore at the back end, into which the wire is screwed.
5. Manufacturing the needle and the wire in one continuous piece, the point made somewhat stouter and tempered, the rest of the wire annealed.

But in spite of all these attempts, suture needles remain the clumsiest and least adapted to their purpose of all surgical instruments, while stitching a wound with symmetry and accuracy is one of the most delicate of surgical operations.

Needles are shaped straight, curved, half-curved and spiral.

The curved needles are bent from end to end in the arc of a circle.

The half-curved are straight from the eye to the centre, then slightly curved to the point. They are sometimes made continuous with, or attached to, a handle.

The spiral needle is curved from the point to half an inch or an inch below it, then twisted at an angle upon itself. These are always made continuous with a handle.

With the exception of the hollow needle, all needles attached to handles are two-edged and have the eye near the point. They are thrust from one side to the other of the wound, the thread or wire is caught with forceps or hook, and the needle pulled back through the same opening; or, what is sometimes preferable, the needle may be passed through the lips of the wound unarméd. As soon as the point and eye emerge through the opposite side the thread or wire is passed through it, the needle withdrawn and the thread placed in position. They are intended for sutures inside of cavities, or where the position of the wound is such as to make it of difficult access to the hands of the surgeon.

The other needles are either round, two-edged, or triangular. They are thrust either with the hand only, or, what is always better, with needle-holders in the shape of firm forceps. The straight and half-curved are best grasped with these forceps in the direction of their length; the full-curved should be grasped at right angles.

These needles have eyes of different shapes; some do not differ from the eye of ordinary sewing needles; they are intended for silk or horse-hair. Others are deeply grooved back of the eye, or have two eyes, one above the other; these are meant for wire.

Hollow needles are either single or double—that is, a hollow needle mounted on a handle is thrust through the lips of the wound and the wire is passed through it; or two hollow needles mounted on two handles and united in the centre like a pair of scissors are made to grasp the wound where it is intended to place the suture; they pierce and join at the desired depth below the surface, where one point fits accurately into the other, and the wire is passed through.

One of the best hollow needles I know of is that of a common hypodermic syringe. The needle, with the syringe attached, to act as a handle, is thrust through the wound from side to side; the wire is then placed at the point of the needle, and the syringe withdrawn with the wire following it.

The needles made continuous with the wire are the oldest of all methods of using wire suture. They were devised by Fabricius ab Aquapendente, some two hundred years ago, but fell into disuse until the wire suture was rediscovered by Dr. Sims, though in the course of ages the needle that was attached to it seems to have been lost. They are the best needle for delicate stitching. I have had them made as fine as sewing needles and with wire as fine as human hair.

The needle with the eye drilled at the back for the wire to screw into is an ingenious device, but it is useless unless the wire exactly fits the thread of the screw.

The varieties of the suture are really only two, the continuous and the interrupted. The first, the well known overhand stitch, is applicable to very delicate tissues, such as the eyelids, the intestines, the palm of the hand or sole of the foot. The cobbler's stitch, which may be called a continuous suture, is used for the purpose of ligating masses of bleeding tissue or for strangulating vascular growths, but it is not a wound suture and need not be mentioned here.

The interrupted suture, that in which the thread or wire is cut and secured at every stitch, is used in various ways, according to the purpose which it is intended to fulfil. It bears different names.

The superficial, in which silk is generally used, and the deep, in which silver, iron, or other metallic wire is used.

In the deep suture the wire may be brought over and across the wound and fastened on one side by knotting or twisting. This should only be done when the interior plan of the wound is very regular and it requires but little traction to make the surfaces meet.

If the interior of the wound is irregular, and there is likelihood of its pouching, firmer and more direct pressure is needed than can be produced by the wire alone, a perforated button should be applied at each side, the wire passed through it and made fast at one side, while the other is secured in such a manner as to keep the suture under control. I know of no device that answers this purpose as well as the little winch of my invention. One turn of the thumb-screw to the right or to the left tightens or loosens the suture at will.

This little instrument was first made for me by Mr. Pratt, of Brooklyn, but it can now be had of Tiemann and all the New York instrument makers. It is made in six different sizes, from that of a small pea to that of a cherry, weighing from six grains to fifty.

When the wound is on tissues that form the walls of cavities, as the mouth or abdomen, the sides are apt to cave in unless they are in some way supported, and for this purpose sutures are devised that act as splints as well.

Such are the pin-suture, usually called the figure-eight or twisted suture, for superficial wounds, and the quill suture for deep ones.

In the first, a long gold or gold-plated pin is thrust from side to side of the wound, leaving out as much of it on one side as on the other, and over these ends a thread is twisted like a figure of eight. This is one of the most complete and satisfactory of the many varieties of the interrupted suture. The objections to it, as it is usually

applied are, that the straight pin pinches up the tissues and is apt to distort the outline of the parts, and that it is unavailable in deep wounds. To avoid these, I have devised a modification of it which I have named the Skewer and Pad suture.

It consists of pins of various lengths, either straight or curved, to suit the desired depth, pointed at both ends. With these I pierce the wound from side to side, using slightly curved pins for superficial and deeply curved pins for deep sutures, leaving about a quarter of an inch, sometimes half an inch, of each point outside the skin, as in a common figure-of-eight suture, and upon these points I stick thin pads of sheet cork or pressed sponge, cut to the shape of the interior of the wound. These pads secure the pins in position.

The pins are made of the best piano string steel wire, gold-plated. No. 7 is a medium size wire, and answers almost every purpose; for special cases thinner or thicker wire may be required. By using sufficient force it may be bent to any shape, while it is almost impossible to break it.

The pads are made from the sheet cork, found at all dealers. It should be subjected to sufficient heat to destroy all animalcules—in which it sometimes abounds—and kept for use wrapped in carbolized gauze; or of compressed sponge similarly treated and cut in thin layers.

The advantages of this suture, in my estimation, are the following:

The skewer supports the parts in the direction of the curve it describes, and does not distort either the interior plain of the wound, or the outline of the part.

The skewer completely fills up the puncture it makes, and prevents the oozing which generally flows from the wound of a surgical needle, which neither the thread nor the wire that follows it ever fills completely. It is less painful, easier to adjust, and easier to remove than any other deep suture. And what is of the greatest importance, the pad substitutes uniform surface pressure for the unsatisfactory lineal traction of threads and wires, in the closing of the wound.

In the quill suture the threads or wires are attached on either side of the wound to a quill or any other tubular material, which serves as a splint, and acts as a point from which to make traction as well. In this suture the "Winch" may be used to control the sutures in the same manner as in the button suture.

It must be borne in mind that when deep sutures are applied, superficial ones are not to be dispensed with; that they should be placed alternately and not one immediately above the other; that in case of doubt as to the necessity of deep sutures in addition to superficial ones, it is best to apply both; that in all cases it is better to use too many than too few; and that when deep and superficial sutures are used, cat-gut may be used for the superficial ones.

It is also important to note that when deep-seated organs are wounded, they too should be brought together and united by sutures before closing the outer wound.

If the stomach be wounded, for instance, there is no reason why we should take it for granted that a gastric fistula must inevitably ensue, but the wound in the walls of the organ should be accurately brought together through its whole extent with fine cat-gut, by the Lambert suture, which is a double stitch that brings the peritoneal surfaces together, the viscus returned, a drainage tube placed on, not in, the stomach, and the outer wound closed with deep and superficial sutures.

Intestine, large or small, should, if wounded, be treated in the same way; and even if cut entirely across, an attempt should be made to have it unite, with no small chance of success.

No better proof of this may be cited than the experiences of Czerny, Koerberle, Esmarch, Billroth and Schede, all of whom have sewed wounds of the intestinal canal, returned the viscus to the abdominal cavity, and closed the external wound with perfect success.

The last named surgeon in a recently published paper "Ueber Enterorrhaphie-Verhandl. Deutsch für Chirurgie, 1879, VIII, p. 78," relates the history of three cases of artificial anus, which were closed by means of an incision into the abdominal cavity combined with excision of a portion of the intestine.

In all three cases the fecal fistula resulted from hernia—one was a femoral hernia, another umbilical and the third a hernia in the linea alba below the umbilicus. The first and third cases were entirely successful, the second died suddenly on the fourth day, not from the operation, for the intestinal wound had completely healed, but from an embolus derived from an old thrombus in the femoral vein which lodged in the pulmonary artery.

In the first two cases the external wound was only partly closed, a large enough opening being left to allow the loop of intestine to be secured outside the abdominal cavity by a long needle passed through the edges of the abdominal wound and the mesentery. In the first case this needle was removed on the tenth day, when the intestine spontaneously retracted. Its edges had completely united and the surface was granulating. In the second case, which died suddenly on the fourth day, the intestine had also united. In the third case the intestine was returned to the abdominal cavity, the external wound closed and the patient made a rapid recovery.

If a nerve be severed, it should be brought together with fine cat-gut, the tensile and torsion strength of which should be well tested beforehand, and if apposition is at all reached there is no doubt but that the divided nerve will unite and its function be preserved.

Langenbeck reports a case in the *Berlin Medical Journal* for February, 1880, in which the division of the musculo-spiral nerve by an incised wound was followed by paralysis of the extensors and supinators. Eleven weeks after the injury he cut down upon the old wound found the two ends of the divided nerve over half an inch apart. He pared off the ends, making, of course, a wider gap, brought them together with cat-gut, drained and closed the external wound, which in five days was closed and in fifteen more, the paralyzed functions of the extensors and supinators were completely restored.

If tendons are severed they should likewise be brought together and the result will be equally favorable. The opinions of Messieurs Tatum and Clarke, who write upon the subject of wounded tendons in "Holmes' System of Surgery," being that "when there is an open wound as well, the union of divided tendon is very imperfect and the after use of the muscle very limited under the most favorable circumstances," I beg leave to cite at some length a case reported by Dr. Kolliker in the *Chirurgische Centralblatt* for February, 1880. It is as follows:

A boy 12 years old thrust his hand through a pane of glass.

On arrival at the hospital an hour after the injury, an incised wound six inches long was found on the dorsum of the right wrist, extending obliquely from the ulnar side above to the radial side below.

In the bottom of the bleeding wound lay the distal ends of the divided and widely separated extensor tendons as follows:

The tendon of the extensor indicis; the tendon of the extensor communis digitorum of the second, third and fourth fingers; the tendon of the extensor communis of the little finger, together with the extensor minimi digiti; the tendon of the extensor carpi radialis, was nearly cut across.

The sheath of the extensor secundi internodii pollicis was opened and the tendon laid bare to a large extent.

In addition, the wrist-joint was opened between the cuneiform bone and the interarticular fibro-cartilage.

The ends of the six completely divided and the one partly divided tendons were brought together with fine cat-gut; silk sutures were used for the skin wound,

drainage tubes introduced, and the hand fixed by means of a splint in a position of extreme dorsal flexion, to relieve tension on the cat-gut sutures.

On the fifth day the sutures were removed from the external wound.

On the sixteenth the boy could move the fingers well. Three months later the functions of the hand were perfect.

Sutures alone, with the exception of the skewer and pad suture, do not keep wounded parts in perfect apposition; they must be supplemented with adhesive strips, compresses of various shapes and sizes, over those parts that require pressure, and bandages more or less firmly applied. But of bandages we shall speak hereafter.

The removal of sutures is a question of extreme variability; from three to seven days may be established as limits. At whatever time the removal may be performed, it should be accomplished with the most delicate carefulness, for it has not unfrequently been made the turning point of a previously favorable case.

MATERIA MEDICA AS A SCIENCE

By H. W. TAYLOR, M.D., TERRE HAUTE, IND.

Under this caption Dr. J. P. Duke, of Nashville, Tenn., publishes a reprint of his paper read before the World's Homoeopathic Convention, held June, 1876, and published in the long-deferred "Transactions."

In the usual methodical and logical style of this eminent gentleman, the paper begins with a denial that *Materia Medica* is a science; follows with a number of definitions of the term "science" and then proceeds to prove that the *Materia Medica* of our day cannot come within any of these definitions.

In his "data of *Materia Medica*" he shows conclusively that regular medicine which boasts its scientific methods in the collateral branches, has followed only the crude methods of the ancient barbarian in attempting to determine the action of drugs upon human beings. Very properly Dr. Duke determines that the supposed facts, thus ascertained, have no logical dependence, point out no law and fall far short of the requirements of his definitions of science. He might well have added that they are, in short, a mere mass of rubbish, having a few available pieces of timber projecting from the mass, and these owing their position and prominence to mere accident. Far below the very foot-lights of science the Allopathic *Materia Medica* grovels in darkness. Leaving them at this point, Dr. Duke turns short to the Homoeopathic *Materia Medica*, and begins at the beginning. He says:

"Although his search and experimentation had been carefully conducted—the former by himself and the latter by himself and others under his personal supervision—and although the drug symptoms furnished thus have always since been considered among the most valuable contained in the Homoeopathic *Materia Medica*, Hahnemann, in his great wisdom and candor, did not dignify them as 'data correctly ascertained' nor as the 'pure effects of drugs,' but as '*fragmentary observations*' merely. Fierce opposition and abuse from his professional brethren had not yet made him so much of a zealous partisan that he would magnify his own work, or claim for his cause more consideration than it deserved."

In my conception of the character of Samuel Hahnemann, I cannot but feel that the writer has, in some degree, been driven to misapprehend the great medical reformer. He has evidently fallen among the perplexing contradictions that appear chiefly in the foot-notes of the "*Organon*" and Lesser Writings, and has too hastily apologized for a misdemeanor of which Hahnemann could not have been guilty. Hahnemann did not contradict himself. Hahnemann promulgated no doctrine of spiritualization of drugs by trituration and succussion. Somebody did. And somebody pinned these erratic enunciations among the solid paragraphs of the great med-

ical philosopher, and they are there to-day to perplex and annoy for the moment those who attempt the philosophic study of the sage of Coethen.

In 1796 Hahnemann wrote of the ordinary mode of exhibiting drugs in sickness, declaring that such experimentation "taught nothing and only led to false conclusions." Later, when following the action of a drug upon the diseased organism and developing his grand thought that the proper dose might be accurately ascertained through the production of the "Homoeopathic Aggravation," he saw that certain new symptoms were uniformly produced, and while giving the caution that "no one save a master in the art" could be trusted with the difficult task of discriminating between symptoms produced by the drug and symptoms produced by the disease, still such discrimination was possible and practicable. Surely this was not the result of mere partisan zeal. The master may have overrated his own keenness of perception. He never could have thrown into his *Materia Medica* symptoms that one of us would now reject in a proof. There were no smokings of good cigars just after his doses that were intended for provings of record! Oh, no! The man who planned the *Materia Medica Pura* could do no very foolish thing. The symptoms that Hahnemann saw in the sick were symptoms that he had seen in the well. They were old acquaintances. The new symptoms that appeared in the sick and in the record got there by the grace of some latter day mender of Hahnemann's methods.

There were and are men who thought and think Hahnemann too gross and material. They stormed at his law of dose as ascertained by the speedy production of the aggravation. And they stormed because the "minimum dose of the dynamized drug" could never produce such aggravation. These are the men who are responsible for the discords that mar some bars of Hahnemann's psalm of life. They invented the contradictions of the "foot notes." But they have made only a base imitation of the pure coin of the mint. No practiced eye or hand can be deceived by it. By all rules of evidence these contradicting passages should be stricken out. They are in a beggarly minority. They contravene the text. They have a mountain of fair presumption against them. They should and shall go; because there is none of the life-giving sap of the true growth in them. All through Hahnemann's later life-work runs his "First Maxim of Experience."

"When two abnormal general irritations act simultaneously on the body, if the two be dissimilar then the action of the one (the weaker) irritation will be suppressed and suspended for some time by the other (the stronger)." And on the other hand our "Second Maxim of Experience," "When the two irritations greatly resemble each other, then the one (the weaker) irritation, together with its effects, will be completely extinguished and annihilated by the analogous power of the other (the stronger)."

The writer of "*Materia Medica as a Science*" knows even better than I the full import of these two "Maxims." They were first formulated in 1805. In the very last edition of the "*Organon*," revised by Hahnemann, this second maxim is most distinctly and clearly defined. The law of the power of the dose was one of the most mandatory of Hahnemann's statutes. It was second only to the law of the drug. It involved the third law that only the "primary" or "positive" effects of the drug were available to the therapist. Is it reasonable to suppose that he who drew this triumvirate of great secrets from the heart of Nature could degenerate so much in the course of a few years—could lose that faculty of acute penetration so far as to be deceived into so gross and flimsy an error as to admit into his pure *Materia Medica* symptoms of the most questionable origin? No! If there were no other evidence than that inferential testimony to be derived from the acute perceptiveness and almost omnipotent reasoning powers of this strange man, I should unhesitatingly decide that

what he builded had in it nothing false, nothing weak, nothing that could in the slightest degree impair the value of the whole structure. Over and over again in the "Organon" he reiterates this declaration of the law:

"In order that the cure may be effected, it is indispensable that the medicines be able to produce in the human body an artificial disease similar to that which is to be cured; for it is this resemblance joined to the greater degree of intensity of the artificial disease that gives to the latter the faculty of substituting itself in the place of the former and thus obliterating it." "Organon," p. 107.

Could he who held in his heart and head this great truth deface it in the vain and foolish desire to merely complicate his indications for the administration of remedies by adding a large number of questionable symptoms—symptoms whose origin he would have condemned in words of withering sarcasm? Hahnemann did not do this foolish thing—because he could not do it.

"Each substance exercises upon the health of a man a certain and particular influence, which does not allow itself to be confounded with any other."

This was one of Hahnemann's axioms. He taught, too, that drugs should be proven upon persons who were as nearly as possible in perfect health and free from the influence of all substances capable of affecting such health. He recognized the fact that almost no human being is possessed of a perfectly healthy organization. Therefore, he spoke of the "healthy body in its kind"—that is, after its own normal standard of health. But is it not conceivable that this master of symptomatology finally acquired the ability to detect drug symptoms when appearing among disease symptoms? Is it not perfectly practicable even for the ordinary symptomatologist to note some drug symptoms that will almost invariably appear in a case in which the primary symptoms of the drug have not all of their similars in the disease? I think I have often noted this fact. Again, if these symptoms, or some of them, appear and reappear in trials of the drug upon the sick—when the sick have no symptoms like these and referable to the disease—would not a master in symptomatology be justified in placing such symptoms among others in a *Materia Medica*? No mere tyro can be permitted to do such a thing. No man who so far mistakes or despises the instructions of the Master as to "smoke a good cigar" after a dose of the drug he is proving, should be allowed to put anything into a *Materia Medica*.

"Care must be taken not to add any heterogeneous substance to (the trial drug) or to use any other medicine, either on the same day, and much less on those that follow, if we would observe the effect that is to follow." "Organon," p. 158.

But after a dose of the 30th of *Calabar Bean* a "good cigar" would make no important difference! Of such is the *Materia Medica* of the Internationals.

"But how the symptoms produced by a single medicine can be distinguished among the symptoms of the original disease, even in those which mostly retain their identity, more especially chronic diseases, is an object for superior discernment, and to be left to masters in observation." "Organon," p. 164.

But the "master in observation" could do it. Did he do it? Is Hahnemann responsible for the thousands of frivolous and false symptoms which are credited to him? Can he be held for the innumerable secondary symptoms which he positively declares to be the reaction of the organism against the drug and not those "primary" or "positive" symptoms that are the direct effects of sufficient doses of the drug and are alone to be considered in selecting a remedy for the disease?

Where some declarations of a writer are in direct contravention of the great mass of his writings, it is proper to institute the inquiry whether these contravening passages are not the work of some unscrupulous reviser. One of two conclusions the student of Hahnemann must

arrive at: Hahnemann was a vacillating sophist, incapable of utilizing the great truths he had discovered, or Hahnemann was followed by ambitious little men who desired to overshadow the first Homoeopathist with their own small and jealous vaporings. The first conclusion is the one which one among the foremost scholars known to homoeopathic literature has apparently arrived at in his "*Materia Medica* as a Science." The other conclusion is the one to which I am irresistibly impelled by my study of Hahnemann as a man and a philosopher.

Dr. Duke has, more than any other writer and speaker, called attention to the inefficiency of our *Materia Medica*. He has pointed out the only practicable method of strengthening and purifying it, viz.: by a rigid reproofing conducted after the manner of Hahnemann. Let it be commenced at once. Let a college of provers be organized by the American Institute with such men as Drs. J. P. Duke, S. A. Jones and J. Edwards Smith at its head. Let every one of those drugs now in daily use among homoeopathic physicians be put to a rigid proving. Then it will be found where and when Hahnemann's rivals defaced and marred his perfect monument with their unsightly patchings and blemishings.

INDIGESTION OR MALARIA?

By J. N. TILDEN M. D., PEESKILL, N. Y.

Quite a fair majority of those people who consult physicians are found to be suffering from a variety of symptoms so indefinite as to their significance and relations as to puzzle the doctors for an exact diagnosis. When the question comes from the anxious patient, "Well, doctor, what do you think is the matter with me?" the doctor looks calmly wise, and now-a-days the almost stereotyped answer is, "O, it's a little touch of malaria." Thirty years ago the answer would have been "you are bilious, very bilious, and your liver needs touching." There is fashion in medicine as in society.

Just as specialists are apt to interpret the symptoms of every patient who consults them into evidences that those organs embraced by their specialty are alone affected, just as the practitioners of thirty years ago regarded the liver as the objective point, and in every case of disease not otherwise well defined, ascribed the source of trouble to the liver, so now the omnipresent malaria is the resource for all cases not clearly belonging elsewhere.

It is claimed by many of our most thoughtful physicians that nervous diseases are largely on the increase. It is a question whether some of the neurotic elements of disease with which we have recently become familiar have not always existed. They seem to be of recent origin, because they have only of late become recognized and understood. This is well to bear in mind, for we all know how liable new ideas are to amplification. New remedies are apt to have their range of usefulness exceeded and beneficial effects ascribed to them which cannot be confirmed by subsequent experience. It is probable, in view of the especial interest now taken in nervous diseases, that the next "medical mode" will be neurasthenia and nervous affections. Let us hasten slowly and when we find manifestations of disturbed nerve functions let us not be too hasty, and mistake a symptom for the disease itself. It is well to remember that diseased conditions may be complicated, and that a patient may have symptoms of malaria, neurasthenia and indigestion all existing at the same time. In such cases, it is my belief that when we shall have cured the indigestion, there is a strong probability that the other symptoms will retire. It is my impression that deranged conditions of the alimentary canal are the most common of all affections, and I believe that through neurotic complication such ailments are often mistaken for other diseases. At least it has been often observed in my

practice and the occurrence of several illustrative cases in recent experience prompts this article.

C. W., teacher, aged about forty, after a year of exacting work in the management of a large school, has had several attacks of vertigo, so that he falls if unsupported; no unconsciousness. These attacks are often accompanied with vomiting, followed by ringing in the ears. They are relieved by lying down and being quiet. These attacks have occurred every spring for three years. He is alarmed and thinks it must be brain trouble, or if not that it must positively be malaria.

On first thought, we would diagnose nervous exhaustion resulting from mental strain and over-work. A further history of the case brings out the fact that he has for several years suffered from jaundice every spring. Questioned as to the condition of his digestion, he scouts the idea of imperfect digestion but admits that he is often drowsy after eating, is constipated and last year had hemorrhoids about the same time with his vertiginous attacks. Retarded portal circulation, hyperemia of liver and imperfect digestion was the picture which all the evidence photographed, and *Ipec.* and *Nux* 1st were prescribed, with half teaspoonful *Fl. Ext. Euonymus* every night to be increased or diminished as needed to keep bowels slightly relaxed. Diet carefully regulated. Decided improvement in less than a week. Remedies continued four weeks, during which time there was no severe recurrence of vertigo, and health has remained perfect since, a period of six or eight months. His recovery was more prompt and complete under this plan of treatment than from any previous attack. Heretofore he had been treated with tonics and *Quinine* and had been from four to six weeks unable to attend to his business. Was this case anything more than functional derangement of the alimentary canal?

To-day a lady called to consult me about her daughter, aged 4. Said the child had an eruption upon her face, furred tongue, offensive breath and suffered from constipation. She had for more than a year had attacks similar to this quite frequently, characterized as above, and also often accompanied with vomiting, headache, fever, anorexia and disturbed condition of the bowels, sometimes constipated, sometimes relaxed.

Her physician had been treating her for malaria and she had recently had relaxed bowels with green and dark discharges, which the doctor had called malarial diarrhea. The mother had become dissatisfied with lack of improvement and wished to change treatment. Further questioning decided the fact that the child had not been restricted in her diet, but allowed to eat unsuitable food and without regularity. The attacks were simply the rebellion of abused digestive organs, and their periodical recurrence gave them the semblance of being malarial. A short course of treatment with regulated diet restored her to a normal condition. *Lactopeptine* after meals, *Nux*, *Podophyllin*, *Pulsatilla* and *Mercurius* were the remedies.

Another patient comes, a slender anæmic young man who confines himself closely to business indoors, always eats rapidly and at irregular hours. He thinks that he must be suffering from malaria, for he feels tired all the time, has pain in his left side in the infra-mammary region, does not sleep well. Is troubled with weight and sinking in epigastrium. Has flatulence, headache and constipation. Suffers from palpitation on slight exertion. A critical diagnostician might find here a case of neurasthenia. We reserve our diagnosis and proceed to rectify his bad habits of diet, enjoin two hours' open air exercise daily. Give *Nux* 1st every 2 hours, powd. *Hydrastis* 3 parts, *Soda Bicarb.* 1 part 15 grains just after each meal, *Fl. Ext. Euonymus* at night as needed to relieve constipation; and behold, our patient's digestion rapidly improves. The nervous symptoms disappear. He comes up toward the health standard. He is cured of his indigestion and is well.

Cases like these occur in the daily experience of all physicians, and it is unnecessary to cite further illustrations to show the importance of maintaining the digestive organs in a healthful condition. It is too trite to bear repeating that many patients who suffer from various neurotic disturbances which may simulate such affections as follow malarial poisoning may be restored by directing our remedies toward improving the condition of the alimentary canal and thus aiding nutrition. I would not venture the expression of such familiar truths were it not for the fact that as physicians are so often called upon to deal with difficult problems of disease, they may sometimes overlook a simple solution. Let us glance at some of the various affections distinctly recognized as arising from indigestion, some by reflex irritation, others directly. We will find asthma-cough, Intercoastal neuralgia, thoracic pain, palpitation and functional disturbance of the heart, vertigo, various forms of headache and neuralgia, enteritis from constipation; all forms of dyspepsia, with the accompanying stomach symptoms, colic, diarrhea and dysentery. And these various affection may not only to a certain extent co-exist but also will be found in all degrees of severity. Is it not therefore well for us in every case of continued ill-health to carefully ascertain if there be any deviation from the normal condition of the digestive organs, and if such deviation be found, seek to correct it as promptly as possible?

A REPORT OF THE NINTH ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, HELD AT SAVANNAH, GA.

By EUGENE R. CORSON, M.D., SAVANNAH, GA.

The recent Ninth Annual Meeting of the American Public Health Association, held at Savannah during the four days from Nov. 29 to Dec. 2, was a most successful one. The great benefits accruing from such a gathering of medical men from all parts of the country to discuss the important questions of public health consist, not only in the value of the papers presented and the discussions elicited, but in the arousing of public interest in sanitary matters and the popularizing of physiology and hygiene. This recent meeting has led to the formation of the Savannah Auxiliary Sanitary Association, on the plan of a similar body in New Orleans.

Increase in population, trade, and travel, bringing with it a more complex social organism, naturally leads to a more thorough study of social science, physiology, and public health. The one is a natural outgrowth of the other. It is shown in the establishing of a National Board of Health, the various State and County Boards, and sanitary associations, meeting in various parts of the country.

That great good comes from these labors has been abundantly shown, and it offers the very best encouragement to continued efforts in the same direction. The recent great epidemics of yellow fever have led to a thorough system of quarantine, which only requires its honest observance to prove a National blessing.

The subjoined report attempts to give, in as condensed a form as possible, the main points in the papers presented. Those papers which were only read by title, or which were not considered of sufficient importance to call for further mention, are simply indicated by their titles. Much of the business meetings has been omitted, as having only interest for the members or those present at the time.

FIRST DAY'S PROCEEDINGS.

A large number of new members were elected. Dr. Ames read a communication from the New York Committee of the International Federation, earnestly

desiring the Association to cooperate with it in securing the abolition of all licensed prostitution, as it was a promoter of vice and accomplished no good purpose.

Mr. Erastus Brooks, of New York, offered a resolution, to the effect that the United States Congress be requested to take steps to secure cooperation between the Federal and various State Governments, to establish a uniform system of registration of births, deaths, and marriages, of the people of this country.

Dr. Ezra W. Hunt, of New Jersey, read a paper entitled, "The Contagious Diseases of Domestic Animals," which deals with the importance of a proper examination of cattle and swine, and especially *Trichinosis*, with its commercial and sanitary bearings, and the steps to be taken to prevent its spread. A table at the end of the paper, giving the approximate summary of the last census of all live stock in the States and Territories, shows the importance of a thorough study of the subject.

Dr. Joseph R. Smith, U. S. A., read a paper on "Disease Among Texas Cattle." He attempts to prove that the herds of Texas cattle, when grazing on their prairie pastures, are singularly free from disease. He believes that the cause of death of imported cattle from the North to Texas is change of climate and pasturage, and not infection from Texas cattle. The increased weight of the spleen of Texas cattle ($2\frac{1}{2}$ lbs.) was not thought a disease.

"A Report of the Examination of Hogs at the New Orleans Abattoir, During the Summer of 1881." By the New Orleans Sanitary Association, based on the labors of Dr. Jansen T. Payne.

Out of 5,400 hogs examined microscopically, 23 were found infected with trichinae. These infected hogs came from the West. The examinations showed that Southern-fed hogs were free from trichinae, and that all the infected hogs were corn-fed, while the mast-fed remained unaffected. The corn-fed were the most solid and had the best fibre; the mast-fed were oily and soft. Instructions were given for the proper feeding of hogs, and the detection and separation of the infected from the sound animals.

A paper on "Trichina Spiralis," by Dr. J. M. Partridge, of Indiana, treated the natural history of the trichina, and the disease, trichinosis.

A paper entitled, "Trichina Spiralis in American and German Hogs Killed at San Antonio, Texas," by F. S. Billings, of Mass., was read by title.

A paper by Dr. S. S. Herrick, of New Orleans, on the "Comparative Vital Movement of the White and Colored Races in the United States," showed the much greater ratio of mortality, for all ages, among the colored than among the white; but this is counterbalanced by a much higher birth rate of the African race. The last census shows a colored gain over the whites. (1870-1880.—White gain, per cent., 29.2; colored gain, per cent. 34.8.)

Prof. John L. Campbell, of Indiana, followed, with a paper entitled, "The Kankakee: A Sanitary Problem of Indiana."

"The Disposal of the Dead," by Dr. Wm. H. Curtis, of Illinois; and "The Relation of Alimentation to Infantile Development and Diseases," by Dr. T. C. Duncan, of Illinois, were read by title.

At the evening session a welcome was extended the Association by Capt. George A. Mercer, who represented the city, and by Dr. R. J. Nunn, President of the Georgia Medical Society, who heartily welcomed the Association in behalf of that body.

Dr. White, President of the Association, closed the proceedings of the first day by an appropriate address, in which were set forth the spirit and aims of the Association; the good already done and still to be accomplished; and the great benefits to accrue from thorough work in public sanitation.

SECOND DAY'S PROCEEDINGS.

The following committees were announced by the President: A committee on Necrology; a committee instructed to examine on papers read at the first day's session, in regard to diseases among food animals, and to submit a report at the next meeting; and a committee on a National Museum of Hygiene.

A paper entitled, "Inside Sources of Disease," by Dr. J. T. Speed, of Kentucky, pictured forcibly the evils of gluttony, and sexual excesses and immorality, and the crying need of a proper hygienic and moral basis for living.

Dr. A. J. Miles, of Ohio, read a valuable paper on "The History of Sunstroke Mortality in 1881," as shown in Cincinnati during the last summer. Accurate meteorological observations taken at the time, showed that a dry atmosphere is much more conducive to sunstroke than a hot and moist atmosphere. The number of cases treated at the City Hospital was 130, with 23 deaths, or 1 in 6. The number of cases treated by physicians to the out-door poor was 308, with 43 deaths, or 1 in 7.

Sunstroke was divided into three varieties:

1st Class.—Marked cerebral congestion, with sthenic symptoms.

2nd Class.—Like the first, with great cardiac depression.

3rd Class.—Profound depression, with unconsciousness, dilated pupils, pulseless, or weak pulse.

Preventive treatment consisted in ice-caps and cold cloths to the head, nourishing diet, tonics, and stimulants in small quantities.

Temperature below the normal treated by hot applications, warm beef tea by mouth and rectum.

Elevated temperature, by cold in some form. Where 103° and above, baths cooled from 95°-90°; ice caps on the head and ice in the rectum.

To restore consciousness, ice-water poured on the forehead from a height.

Convulsions controlled by inhalations of Ether.

Respirations stimulated by Ether and atropia hypodermically. Intermittent heat treated by *Digitalis*, *Digitaline* hypodermically, *Whiskey*, *Ether*, and *Aqua Ammonia*.

A paper on "Malaria in New England," by Dr. J. F. Adams, of Mass., contained the following interesting points:

Little or no malarial diseases until the latter part of the Seventeenth Century. From this time till 1793 New England enjoyed complete immunity, when it reappeared, with epidemic dysentery, to remain till 1799, when it vanished to reappear in 1828. It prevailed again from 1828 to 1836. From 1836 to 1850 was another period of immunity. Again from 1850 to 1864 the disease prevailed more or less; and since then the country has not been entirely free from it.

Without any exception, the disease prevailed on the borders of rivers, or adjacent to swamps, ponds, or artificial reservoirs. Its rate of progress was not a regular one from town to town, but by a series of invasions; the first attacking a few places at long intervals, the next affecting certain intermediate ones, and the main army following and occupying the country between these first established outposts.

The subsidence of typhoid fever coincident with the appearance of malaria.

The facts tend to strengthen the germ theory; although the subject requires further investigation.

This valuable paper elicited a lively discussion.

Hon. Erastus Brooks, of New York, read a paper on "The Duties of the Citizen to the State in Maintaining Public Health." A valuable paper, setting forth in clear, forcible language the duties of the State to its citizens, and, in return, the duties of the citizen enjoying its privileges and protection. In a like manner were treated "Subjects to be Learned Without Direction

from the State," "Preventable Disease, and Facts for Personal Knowledge;" treating especially the increasing demands on sanitation with our increasing civilization, and the great blessings following proper work in public hygiene.

In the afternoon session a paper on "The Pernicious Effects of Tobacco on Youths," by Dr. Albert C. Gorgas, U. S. N., was read by title.

After the reading of the report of the Committee on Statistics, the following general resolution was offered, and unanimously adopted:

Resolved, That the Executive Committee of this Association is hereby instructed to memorialize, in the name of this Association, the Congress of the United States in favor of such legislation as will bring about a proper cooperation between the General Government of the United States and the several State Governments, for a uniform and efficient system of the registry of the deaths, births, and marriages of the population.

Dr. H. Isaac Jones, of Scranton, Pa., read a paper on "School Hygiene." He discussed the subject of ventilation, the arrangement of light, the construction of seats and desks, and the importance of proper measures to prevent the spread of infectious and contagious diseases by the intercourse of school children.

A paper by Dr. L. A. Falligant, of Savannah, on "Fraternalism among Scientists," was read by title.

Dr. Gustavus Devron, of New Orleans, read a paper prepared by Dr. C. B. White, Sanitary Director of the New Orleans Auxiliary Association, entitled "The Yellow Fever Epidemic of 1878." The conclusions drawn from the books of registry of the epidemic were:

1. That the mortality of boys at four years is not because a very much larger number of boys were taken sick, but that there is an actual much greater mortality.

2. Though the deaths decline with great rapidity—being at four years 844, at 5 years 169, 6 years 65—the cases do not decrease in the same ratio, but decline as follows: cases at 4 years 822, at 5 years 740, at 6 years 624, the recoveries being proportionately much larger.

3. From 7 to 11 years of age the death rate remains nearly uniform.

4. The smallest number of cases and deaths in 1878 occurs at the ages at which the protective influence of the epidemic of 1867 would be felt.

5. In the census of New Orleans of 1880, it is found that there are fewer male children of 6 years old in New Orleans than of any other age.

6. When ages approach to 20 the influence of voluntary change of habitation renders reliable conclusions unattainable.

7. In considering the cases and mortality at ages from 9 to 12, 587 deaths occurred in 1870, and assure the existence that year of 2,000 or more cases.

8. In a word, as the tables indicate, in the boy of 4 years the liability to yellow fever and to a fatal result reaches a maximum.

Dr. A. R. Wright, of Buffalo, read a paper entitled, "Memorandum of Probable Cause of an Epidemic of Diarrhoeal Diseases in Buffalo, N. Y., in August and September, 1881." A short, but valuable paper showing the evils arising from surface drainage, and privy vaults in back yards, and the shallow wells furnishing nearly all the drinking water.

Dr. Moses T. Runnels, of Indiana, read a paper on "Impure Water and Its Dangers." Few of the papers presented deserve more careful study. In it are set forth the immense importance of pure drinking water, and the many elements coming in to pollute water and render it a source of typhoid and enteric diseases. Over 150 analyses of different wells in and about Indianapolis were made, and many troubles were traced to impurities in these wells. He concludes with the Report of the Vienna Water Commissioners in 1864, in which are laid down the following rules for obtaining healthy water:

1. Water must be clear, sparkling, and colorless.

2. It must contain but a small quantity of solid materials, and be entirely free from organized matter (infusoria).

3. Of the alkaline salts (CA O, MG O), it must not contain more than 18 parts, by weight, in 100,000 parts, by weight, of the water.

4. It must contain but a small fractional part, by weight, of soluble salts, particularly the sulphates and nitrates.

5. The solids held in solution, and the temperature of the water must vary within very narrow limits during the year.

6. It must be protected from contamination.

7. The above requirements are fulfilled in many cases by soft, spring water, which alone is suitable for drinking purposes.

8. The industries require water having nearly the same properties.

9. Filtered river water, if at all times free from turbidity, will answer for technical purposes; but on account of not fulfilling requirements 5 and 6 it is not fit for drinking purposes.

10. To sprinkle or clean streets any water is suitable, providing it is odorless and does not contain a great amount of offensive material.

The first paper of the evening session, by Dr. S. S. Herrick, of Louisiana, on "Railroad Sanitation," suggested a new field for public sanitation, and a most important one since the great factor, railroads have become in the interests and industries of the country. Suggestions were made for the proper examination and care of the employes and travelers; precautions against infectious and contagious diseases; the proper construction and location of roads and buildings; and the affiliation of a meteorological service with the National Signal Service.

Dr. B. Joy Jeffries, of Mass., gave an extempore lecture on Color-Blindness, a subject he has thoroughly studied. He made an earnest appeal in behalf of the efforts to induce Congress to inaugurate an International Commission, in reference to standard methods and requirements as to defective vision and color-blindness in the navies and merchant marines.

The day's proceedings closed with a paper by Dr. Albert L. Gihon, U. S. N., on "Health the True Nobility."

THIRD DAY'S PROCEEDINGS.

Dr. Daniel M. Burgess, of Havana, Cuba, read the first paper entitled, "Practical Experiences in Regard to the Infection of Vessels with Yellow Fever in the Port of Havana." The conclusions arrived at were, that wharves are always dangerous, some of them even in winter; and that the danger of infection constantly diminishes with the distance the vessel is from the wharf; that the infected vessels may carry the infection; that the crew may carry the disease abroad; and that, to sugar, tobacco, and baggage, the germs of the disease may adhere, and thus infect the crew and vessel. That the ballast is often a source of infection. The disinfectants found most useful were Sulphur, Sulphate of iron, and Carbolic acid (the last used more for its moral than its physical effect). The last two used in solution (2 lbs. to a gallon and a half), and poured into the bilges and all filthy places. From 25 to 300 lbs. are used in vessels, according to size. The Sulphur is burnt, about 2 lbs. to 1,000 cubic feet. A rigid quarantine was advised, and a thorough investigation of all vessels leaving and arriving at port.

The following officers were elected for the ensuing year:

President, Prof. R. C. Kedzie, of Michigan; First Vice-President, Dr. Ezra M. Hunt, of New Jersey; Second Vice-President, Dr. Albert L. Gihon, U. S. N.; Treasurer, Dr. J. Berrien Lindsley, of Tennessee; Executive Committee, Dr. James E. Reeves, of West Virginia; Dr. Stephen Smith, of New York; Dr. Thomas L. Neal, of Ohio; Dr. J. G. Thomas, of Georgia; Edward Farmer, Esq., of Louisiana; Dr. John H. Rauch, of Illinois.

The Committee on Compulsory Vaccination and Re-vaccination submitted a series of resolutions, to favor, as far as possible, a national law for the vaccination of all persons and all foreigners on their arrival here.

At the evening session Dr. Ezra M. Hunt read a comprehensive paper on "The Sanitary Significance of the International Medical Congress of 1881," showing what a large factor public hygiene was at this great gathering of medical men.

Edward Fenner, Esq., of Louisiana, read a paper on "The New Orleans Auxiliary Sanitary Association," giving a history of its origin, progress, and aims. "The purposes and objects of this corporation are hereby declared and specified to be the execution of such measures as are or may be necessary for the preservation of life and the public health, and to prevent the introduction and spread of diseases; and to these ends, to aid and assist the public authorities in carrying into effect all proper ordinances or laws relative to public health, and to adopt systematic measures for the collection and proper distribution of money or property derived from voluntary subscription, or otherwise, in such manner as will best tend to preserve life and property, and promote the prosperity and health of the city of New Orleans."

The following papers were read by title: "Scarlet Fever, as it Affected the White and Colored Races in Charleston, S. C. in the Spring and Summer of 1881," by Dr. H. B. Horibeck, of Charleston; and "The Prevention of Diseases of Infants Commonly Ascribed to Dentition," by Dr. R. B. S. Haisig, of Pensacola.

The following resolutions were offered and adopted;

Resolved, That, in the judgment of the American Public Health Association, our National Congress should take some method to determine methods of testing visual acuteness and color-blindness, and standard requirements of these necessary qualifications in the navies and merchant marines, as well as on all public highways.

FOURTH DAY'S PROCEEDINGS.

The resolution of Dr. Gihon, in reference to the National Board of Health was considered, and resulted in the adoption of the following resolution of Dr. Hunt's, as a substitute;

Resolved, That it is the opinion of this Association that the usefulness, power, and influence of the National Board of Health will be materially advanced by no action on our part at present, and that the question of direct representation of State Boards of Health in it may safely be left to emanate from the State Boards themselves, instead of from a voluntary association.

A paper by the Rev. F. H. Wines, of Illinois, on "Sexual Quarantine," was read by title.

A paper by Dr. Stephen Smith, of New York, on "The Relations of State and Local Quarantine Systems to a National Quarantine System," considered the questions of International Sanitary Cooperation, The Collection and Distribution of Sanitary Information, Maritime Sanitary Inspectors, The Sanitary Care of Vessels Arriving at the Ports of the United States, and The Absence of Quarantine and Inadequate Quarantine Regulations.

The National authority is required to secure:

1. International sanitary cooperation.
2. The collection and distribution of sanitary information.
3. The preparation of maritime sanitary regulations.
4. The enforcement of maritime sanitary inspections in foreign ports.
5. The erection and maintenance of Refuge Stations.
6. The aid of State authorities.
7. The organization of Quarantines where none exist.
8. The power to add necessary rules to any deficient Quarantine.

The State authority is required to secure:

1. The organization and maintenance of efficient quarantine service in ports within the States.

Dr. W. C. Van Butler, of Maryland, read a paper on "Two Suggestions Concerning Healthful Buildings."

The following papers were read by title: "The Origin and Progress of International Quarantine," by Dr.

James L. Cabell, of Virginia; "Observations on the Potomac Marshes at Washington, as a Pathogenic Agent in the Production of the So-called Malarial Fevers," by Rev. A. Y. P. Garnett, of the District of Columbia; "Some Remarks upon National and International Sanitary Jurisprudence," by Dr. Thomas T. Turner, U.S.N.

In the afternoon session Dr. Charles F. Folsom, of Mass., read a paper on "Prevention of Insanity." The increase of insanity was ascribed to unhygienic living and the feverish work and worry of the present day, which called for active measures to encourage more care and attention to every-day life.

Dr. C. W. Chamberlain, of Connecticut, read a paper on "Malaria in Connecticut." The conclusions reached were, that local causes are insufficient to account for its causation; nor have any causes, or sets of causes, uniformly produced malaria. The only general law discovered was, that it follows rivers and streams even to their springs. Malarial diseases have greatly diminished the frequency of typhoid fever, while many diseases showed a malarial complication by assuming a more or less periodic type.

The meeting of the fourth day closed with resolutions of thanks to the municipal officers, and all who had shown courtesies and hospitality to the Association.

EXPERT TESTIMONY.

By J. G. GILCHRIST, M.D., DETROIT, MICH.

An editorial in the January number of THE TIMES, under the above caption, however true the sentiment expressed may be as regards questions of insanity, is not, it seems to me, exactly correct when applied to expert testimony in general. It has been the lot of the writer to appear in court very frequently, particularly within the past five or six years, and he feels qualified to discuss a subject that has at last engaged public attention sufficiently to warrant indulging a hope that much needed reform may be secured.

In the majority of cases in which expert medical testimony is demanded, not excepting questions of insanity, the conflict between authorities is not due to a paucity of knowledge, or a want of positive facts or data in science, so much as to the peculiar relation the witnesses sustain to the case under examination. They are not in a position to act independently, to "tell the whole truth," and thus serve the ends of justice; but are of necessity made partisans; even while answering all questions honestly and truthfully, they insensibly, on their part, designedly on the part of counsel, are emphatic and diffuse, where *their client's* interest demands it; reticent or non-committal, under other circumstances. Let some misinterpret what has been said, bear in mind that there is no suspicion of dishonesty, falsification, or intentional partisanship to be entertained of the witness. He is forced into a false position by our absurd system miscalled the science of law. Let me illustrate.

A criminal case is being tried in which some questions arise that can only be answered by medical witnesses. Suppose it is set up by the prosecution that a criminal abortion has been produced, because there are *post mortem* evidences of peritonitis, and a so called "*corpus luteum of pregnancy*." The defense set up the proposition, that the peritonitis is not essential to death from instrumental premature delivery, and that the *corpus luteum* has no relation to pregnancy *per se*. The court requires medical testimony. The prosecuting attorney goes to a physician, gives him the theory of the prosecution, in a hypothetical case, backed by the damaging *ex parte* testimony collateral, but not medical. He asks, Will the alleged facts sustain the theory? The answer is, Yes, but there are these weak points in your case; you have no professional testimony as to the probable virginity of the sufferer, and the *corpus luteum* described might indicate pregnancy if there was proof of the prolonged absence of the menses, and not so if there was a

recent catamenial discharge. The medical man goes into court, is put on the stand, and questioned by the attorney in a manner that admits of only affirmative answers on the hypothesis of that side of the case, and is prevented from qualifying or modifying his statements by the examiner. Supposing the attorney for the defense attempts to bring out these "qualifications," objection is made, and, in some quibble, the witness is prevented from telling the whole truth, thus placing him before the jury, and all spectators, in a false position.

Now the defense have *their* innings. *Their* witness gives an opinion favorable to *their* hypothesis, which is simply the exceptions, "qualifications, and modifications," that the prosecution's witness was not permitted to give. Here we see two men, who are perfectly agreed, as a whole, either of which would be valuable and convincing witnesses for the side of truth, placed in antagonism to each other by the silliness of law, so that if one is not believed the other *must* be credited. Furthermore, in a case of unusual moment, or one that attracts much public attention, self-defense finally compels the witnesses to make their evidence conclusive, and leads them to magnify little errors or misstatements of their opponents, and a warm rivalry is at once set up.

Who will say either witness is dishonest? Who will say either is ignorant? But for the absurdity of much criminal law either one, if untrammelled, would have given nearly the same testimony as both of them together have done. They have each told the truth, but not the *whole* truth.

I heartily commend the position taken by THE TIMES that experts be called by the court, thus appearing as ministers of justice, not as witnesses for either party in the case.

HYPERMNESIA, OR EXALTATIONS OF MEMORY.*

Hypermnnesia — exaltation of memory — persistence of memory — is an anomalous phenomenon always connected with some organic disorder or bizarre condition. It is divided into two classes, *general* and *partial*.

General hypermnnesia may be defined as a change of *tone* in the memory, such as occurs in every other form of psychological activity, thought, imagination or sensibility. In the course of a period more or less extended, a mass of recollections spring up in every direction.

General exaltation seems to depend exclusively upon physiological causes, particularly the rapidity of cerebral circulation. It is therefore apparent very often, in cases of acute fever, it is also produced in insanity, ecstasy and hypnotism, sometimes in hysteria and in the beginning of certain mental diseases.

Besides these instances, there are others of a more wonderful nature, which depend probably upon the same cause.

Such are those in which persons in imminent danger of death from drowning or other accidents, have seemed to see all at once their entire lives in all their details, even the most trivial, unfolded before them.

De Quincy, in his celebrated "Confessions," relates a similar experience of his own, due to *stupefaction from opium*.

All these general excitations are transitory, but many instances of permanent hypermnnesia are found in ancient authors. Modern investigators also have noticed a wonderful and permanent development of the memory, following small-pox.

Partial exaltations are by their very nature limited. The ordinary tone of the memory being maintained in its generality, everything beyond this can be easily ascertained. These forms of hypermnnesia are the necessary co-relatives of partial amnesia.

In the production of partial hypermnnesia there is in general nothing resembling a fixed law. It presents

itself in the form of isolated facts, for which we can give no reason, either physiological or psychological.

Partial exaltations generally spring from morbid causes, but sometimes they occur in a healthy state. In these latter cases they spring from a revival by contiguity, after a long interval, presenting that which happened throughout every instant of life in a striking and uncommon form.

The revival of languages completely forgotten deserves particular notice. Many familiar instances of this kind are to be found in the writings of Coleridge, Abercrombie, Hamilton and Carpenter. Sleep produced by anaesthetics can produce the same effects as febrile excitation.

A still more curious thing is the *regressive* recollection of several languages. Several interesting cases have been observed and recorded by Dr. Benjamin Rush. As, for instance, that of an Italian, of remarkable learning, who died of yellow fever in New York. In the beginning of his illness he spoke nothing but English, after that only French, and on the day of his death, his native language.

This revival of languages, lost forms and ceremonies, seems only to be explicable as a particular case of the law of regression. In consequence of a morbid action, which generally precedes death, the most recent impressions of the memory are destroyed, and this annihilation descends gradually until it reaches the oldest acquisitions and impressions. Recollections of this kind are, strictly speaking, only a march backwards toward certain conditions of existence which seemed to have disappeared forever, but which a final working of the memory, before entire dissolution, brings once more to the surface.

A certain seldom observed illusion which cannot be placed under any of the preceding categories, is what is best termed *false memory*. It consists in the belief that an entirely new state has been experienced before, so that, when it is produced in reality for the first time, it seems to be a repetition. This phenomenon has been associated with some which are more common. When we are in a strange country, for instance, it frequently happens that a sudden turn in a path or river brings us face to face with a view which we are certain we have contemplated before. Sometimes, on being introduced to a stranger, we feel sure that we have already seen him. While reading, new thoughts will often present themselves to the mind as being familiar.

Simple instances of this illusion can be easily accounted for. The impression received, evokes in our past, similar or analogous impressions, vague, confused and hardly perceptible, but nevertheless sufficiently defined to make us think the new condition is only a repetition of a former one. There is a basis of resemblance rapidly felt between two conditions of consciousness, which causes one to be identified with the other.

Cases have occurred, however, which do not admit of this explanation. An educated man, for example, of good reasoning powers, was suddenly attacked with a most peculiar mental affection. If he was at an entertainment of any sort, or paying a visit, the event, with all its attendant circumstances, appeared so familiar to him that he was absolutely sure he had previously experienced the same impressions, surrounded by the same people or objects, with the same sky, weather, etc. He had the same feelings on undertaking any new occupation. The sensation occurred after different intervals of time, but it was always a distinct impression.

In such instances it would seem that the impression received is reproduced in the form of some image. This is a very ordinary phenomenon, but the image formed in the manner above related is very intense and partakes of the nature of an hallucination. It is, apparently, a reality, for nothing rectifies the illusion, consequently the real impression is forced back, as it were, and assumes the character of a recollection. It becomes realized in the past, erroneously, if we consider

* Abstract of a translation by the Marchioness Clara Lanza, from "Les Maladies de la Mémoire," by Th. Ribot, Paris, 1881.

the facts objectively; properly, if we consider them subjectively.

In support of this explanation, attention is called to the fact that false memory is nearly always allied to some mental affection, and therefore hallucinations in such instances would be perfectly natural.

CLINIQUE.

INAUGURAL REMARKS, WITH REPORT OF A CLINICAL CASE.

By E. CARLETON, JR., M.D.,

Pres. Hom. Med. Society of the County of New York.

Colleagues:—As no bureau reports at our January meetings, considerable unappropriated time remains after the transaction of routine business. We have been accustomed to spend this time in various ways. This year, members have been invited to report verifications of remedies and clinical cases. I will now make my contribution. The case which is offered for your consideration and discussion, was briefly referred to in my last summer's report, as visiting surgeon, to the Medical Board of the Homœopathic Hospital on Ward's Island, and is now fully written out.

Acute mortification of both feet; synchronous double amputation; recovery, with permanent retention of arterial ligatures:

Anna Eggleston, colored, aged 37, native, laundress, married, admitted to Ward's Island Homœopathic Hospital July 21, 1881. Diagnosis: Acute mortification of feet.

Patient says that she had both feet frozen when seven years old. Then they became so large and sore that pus and blood escaped. She was not allowed to treat them properly, but while suffering from the immediate results of frost-bite, was compelled to walk in snow and ice, which produced great pain. She was unable to get them into her shoes. With this usage her feet continued in a painful condition for two years, sometimes breaking out in sores and sometimes comparatively sound. Since that time the vitality of the feet has been so low that they have been several times frosted, more or less, from a moderate degree of cold only. During the past year and a half they have been so lifeless that even in summer she would be obliged to heat them frequently and often to sleep with them in an oven. She could scarcely wear a shoe, yet she must stand nearly all day, being constantly occupied as a laundress.

Two months ago she was taken with vomiting and purging, from unknown cause; this morbid action continued for two weeks, she being under medical treatment at the time. She says that the evacuations were green and lumpy, like peas; the vomited substances, too, were usually green, but sometimes yellow and very bitter. Immediately after the cessation of vomiting, the feet began to increase rapidly in size. About this time she noticed that both great toes were changing color, and were the seat of severe, lancinating pain. Then they lost their tactile sensibility, and became black and cold. The pain extended upward, was worse in the ankles, and aggravated by motion of the feet, but was not felt above the ankles. About one week after the feet began to swell, blebs appeared as high as the ankles, and, when ruptured, blood and pus escaped from them. Ulceration and sloughing followed, and the sores became maggoty. Death of the tissues progressed rapidly. The line of demarcation was followed by separation about two inches above the malleoli. Purgings continued until within one week of admission to the hospital. Her general health, when admitted, was better than it had been for some time previous. She has received nourishing food, but no so-called stimulants or tonics.

Present condition:—Both feet are entirely dead. Natural amputation is nearly complete to the bones, about

two inches above the joints. She suffers no pain, except at the lines of separation, and there it is severe. The parts are verminous to a high degree. Circulation is good above the sloughs. Appetite and digestion is good, does not sleep well on account of pain.

In view of the long sickness and loss of fluids, and the blebs followed by dark sloughs, with sharp pain and heat, *Cinchona* is plainly the right constitutional remedy. The thirtieth is put in water and a teaspoonful given every two hours. Extra diet ordered. The maggots dispossessed, and the patient made as comfortable as possible, the sores being dressed with a solution of *Potassium Permanganate*, which is agreeable to her, while at the same time an effectual disinfectant, odorless, and innocent of creating a new (drug) disease. Our wards do not suffer from *Carbolic*. She knows that amputation must follow at the right time, and is anxious to have it done as soon as possible. She is cheerful and hopeful.

July 23.—All being ready, complete anæsthesia was produced by a mixture of one-third *Chloroform* and two-thirds *Ether*, which has worked well in my hands, combining the good effects of both drugs without any bad symptoms. I decided to make a synchronous double amputation, standing on the inside of each limb, contrary to the old custom of standing on the inside of one and outside of the other. The proposed method seemed to me more feasible.

After both legs had been exsanguinated and circulation withheld by means of the Esmarch apparatus, and both rotten extremities covered with muslin, I grasped the right ankle with my left hand and made anterior-posterior flaps with my right hand, while an assistant supported the leg. The anterior flap was made by cutting from without inward, the knife being drawn from me. The posterior flap was cut from within outward, the handle being on the inside of the leg. The saw passed at the junction of the middle and lower thirds. I like Gross's method of sawing off the sharp corner of the tibia and slicing away the muscular portion of the posterior flap. Having done this, I faced about, grasped the left leg near its middle with my left hand, and amputated with my right, while the assistant supported the ankle. The flaps were fashioned as before; but the handle of the knife was on the inside of the limb for both flaps.

I have described the amputation minutely, because the method pursued proved as convenient as I had anticipated, and those of you who have amputated will appreciate the advantages gained to the operator—ease, precision and speed.

The three principal arteries in each stump were next tied with waxed silk, the limbs elevated, and the Esmarch bandages removed slowly. Not more than one ounce of blood was lost. Reaction from the anæsthetic was perfect. The patient was put to bed, the flaps widely separated and covered with pieces of patent lint saturated with *Calendula* and water, one to fifty, for one hour. This drug was applied because of its well-known healing powers upon clean cut surfaces. Then the flaps were approximated, secured by silver sutures, supported by adhesive strips, and placed upon pillows.

Calendula and water dressing continued. There was no appreciable shock. Evening temperature 103 3-4, pulse 120, full, firm and strong. Medicine continued, and generous feeding enjoined, as the patient said she was hungry. Quoting freely from the house records, the subsequent history of the case is as follows:

July 24.—Pulse 112, soft, weak and small; temperature 100 throughout the day. Patient had a comfortable night, sleeping most of the time. Wounds in a healthy condition, discharge slight, consisting of blood-stained serum. Treatment unchanged.

July 25.—Pulse 112, full and moderately strong; temperature, A.M., 99; P.M., 100; passed a comfortable night, feels very well to-day, has no pain and is very hungry. Legs placed upon padded posterior splints, to

prevent flexion of the knees, and patient put upon a water bed. Treatment unchanged.

July 26.—Pulse 112; temperature 99.1-2 in A.M.; 102 in P.M.; doing nicely; slight discharge of laudable pus; flaps uniting. There being no complication, everything progressing favorably, and no further need of *Cinchona*, it was stopped. Then it was reasoned that *Calendula* was clearly indicated for the wounds, as before. Experience having taught me that the internal administration only of this drug, in potency, would often produce results more rapidly than the local application, we put the thirtieth in water, and gave a teaspoonful every three hours. Water dressings applied.

July 27.—Pulse 112; temperature 100 in A.M.; 102 in P.M.; wounds healing rapidly. Treatment continued.

July 31.—During the past four days, patient has progressed rapidly. Pulse and temperature about normal, stumps forming fast; slight discharge of laudable pus. Treatment unchanged.

August 1.—Stitches removed; stumps in fine condition and supported by strips. Patient's general condition excellent. Remedy continued two days more and then to be stopped, as there is now little remaining for it to do.

August 15.—Flaps all healed up. All but two of the ligatures have come away and they remain firm.

September 1.—The stumps are looking beautifully. The two ligatures remain, and defy traction carried to the limits of prudence. Patient has a troublesome loose cough, caused by the damp night air blowing upon her; expectoration greenish; relieved by sitting up. Right lung dull on percussion, and auscultation gives mucous râles. Prescription: *Dulcamara* two hundredth, every three hours.

This was the last medicine given or required. She remained in the house some time longer, waiting for the threads to come away, but my minutes at hand do not show the date of dismissal. Finally, there being no prospect of dislodging the ligatures, as they resisted traction and seemed to be incorporated with the flesh in close contact and quite healed, they were cut off close to the stump (it was the left) and the woman left the house.

Looking at the case in review, I would remark in the first place, that the patient's cheerful, hopeful frame of mind bore in the right direction. It was quite unexpected, as my experience with her race has been that they give up completely in the face of serious illness.

Why did the ligatures remain? I should like to hear from our pathologists as to that. Why did not the ends of the arteries give way? Was it because circulation continued through the loops of thread where they were tied? That seems incredible, for the threads were drawn and knotted tightly. My own impression is that union with the adjacent tissues occurred almost immediately, by means of the latter's blood vessels, and that the constricted portion became a dry, cord-like substance. But this is speculation.

The medical treatment of surgical cases is very important, often in fact deciding which way they should turn.

I believe it was so with this woman. Had she been given *Opium* to relieve pain, her chances of rallying would have been small. If "*stimulants*" and "*tonics*" [Oh! Father of Lies, you must be an allopath!] had taken the place of the appropriate homœopathic prescription (the only real tonic, so far as drugs are concerned, the provision stores must supply the rest), our special pathologist no doubt could have "posted" to his heart's content. Every prescription was made as nearly similar to all the symptoms as possible, and it was gratifying to see the reactions against them.

The superiority of *Calendula* dressings over *Listerism* was abundantly demonstrated. Here was a patient in a full hospital, in the most septic month of the year, her own limbs putrid, septic influences around her, undergoing amputation of both legs without any *Carbolic* spray, and no *Carbolic acid* used in the dressings after-

ward. She escaped "*Carbolism*," and the flaps healed quickly and uninterruptedly under *Calendula*. It is interesting to watch the twistings and turnings of our old school brethren. "*Listerism*" was lauded to the skies by the headlong multitude; but the leaders are changing tune, and the rest will soon follow.

[The address closed with an extract in illustration from the discussion on *Listerism*, at the International Congress, an abstract of which may be found in our November issue, at page 244.—Eds.]

INTERESTING CASE OF VALVULAR DISEASE OF THE HEART.

REPORTED BY GEO. C. F. WILLIAMS, M.D.,

House Physician, Homœopathic Hospital, W. I.

George O.—was admitted into this hospital on Dec. 21. He gave his age as 52 years, and stated that he was born in Germany, married, and that his occupation was that of a cabinet maker. In regard to heredity, he said that his mother died of "heart disease," and that his father died in old age, the cause of death being unknown to patient. The following facts were elicited as relating to the patient's disease: He had always lived well, and had been temperate until 12 years since, when his mode of living became irregular. During these 12 years he indulged in alcoholic liquors to excess; often had poor food and frequently slept out-of-doors. Ten years ago he had articular rheumatism of a sub-acute form, and from that time was often afflicted with rheumatic pains in his joints, but never had acute articular rheumatism. Five years ago he had intermittent fever, which recurred during the following two summers. With these exceptions he was always well until last September, when, after working for some weeks in a damp cellar, he was attacked by a cough, which continued without change to day of admission. Cough was loose from commencement, and was attended by slight dyspnea, but no pain; weight and strength diminished from commencement of cough. During few weeks previous to admission there was occasional palpitation of the heart and transient oedema of the feet and ankles.

At the time of admission his condition was as follows: Cough unchanged; functions of alimentary canal normal; urine increased in quantity but unchanged in color. Frontal headache present, which first appeared on the 17th; pain in the lumbar region, which had existed for some weeks; pulse rapid, but regular and strong.

The result of the physical examination was as follows: Inspection, palpation and percussion of the lungs disclosed nothing abnormal. Upon auscultation, mucous, sonorous and sibilant râles were heard in various parts of the chest. By inspection and palpation of the precordial region the apex beat was found in the sixth intercostal space three-quarters of an inch left of the left nipple. The action of the heart was found to be regular and of about normal power, and an undulatory motion of the precordial space was noticed. By percussion both sides of the heart were found to be enlarged, the area of superficial dullness extending to about one-half inch to the right of the sternum and to about one-half inch to the left of left nipple. Upon auscultation a systolic murmur of a soft blowing character was heard at the apex, which murmur could be traced around to the back, and which had its point of maximum intensity at the apex. The mitral valvular element of the first sound was found to be obscured. In the right second intercostal space at the edge of the sternum was found the maximum intensity of another systolic murmur, which could be heard distinctly in the carotid and subclavian arteries, but which could be traced but a short distance in any other direction and which was indistinguishable at the apex. This murmur was distinct and rough in character but not intense. The second

sound at the aortic valve was found to be weak—much weaker than the second sound at the pulmonic valve—but seemed clear. A systolic murmur was also heard over the superficial cardiac area, with its maximum of intensity over the fourth left intercostal at the edge of the sternum. In connection with this last murmur epigastric pulsation and pulsation of the jugular veins were noted. From these observations, mitral and tricuspid insufficiency and aortic stenosis were readily diagnosed. Upon further investigation a diastolic murmur was discovered in the left fourth intercostal space, just within the external boundary of the mammary region. This murmur was soft in character, of short duration, ending midway between the second and first sounds of the heart, and was heard distinctly immediately following the second sound of the heart. This murmur was heard only in a space two inches in diameter at the place mentioned. Careful and repeated examination found this murmur always of the same character, always in the same place, and never detected it in any other portion of the chest. This murmur, though not occupying the usual site of the aortic regurgitant murmur, was so distinctly connected with the second sound of the heart, was so persistent and of such character, that, considering the infrequency of pulmonic regurgitation and the presence, in this case, of aortic stenosis, it was believed to be due to insufficiency of the aortic valve. The case was carefully examined by Dr. T. C. Williams and Dr. F. W. Koehler, who detected the murmurs at the points before mentioned and who arrived at the same conclusions as mentioned above.

For a week after admission patient, though troubled with cough, slight dyspnea, and moderate edema of the feet and ankles, felt quite comfortable and walked about the ward without inconvenience. On the 30th of December he was much weaker and edema of the lower extremities had extended to the knees. At this time he wished to remain in bed and was allowed to do so. From this day the edema extended, the pulse became weaker and dyspnea slowly became more and more intense. By January 3d there was marked icterus, irregularity of the pulse both in force and frequency, and pulsation of the liver was noticed. After this date there was occasional epistaxis, bowels were slightly constipated, urine became scanty and dark in color and contained about ten per cent. of albumen, and there was general dropsy, though not great at any particular place. On the night of January 11th dyspnea had become intense, lips and extremities were blue, face was cold, the Cheyne-Stokes respiration was present, and the sufferings of patient, which had previously been often temporarily relieved, steadily increased until death took place on the morning of January 12th.

At the autopsy the lungs were found to be edematous and showed evidences of a general bronchitis of the larger tubes, otherwise they were normal. The spleen and liver were enlarged and congested. The kidneys showed the results of a chronic parenchymatous inflammation. The brain, in deference to the wishes of friends, was not examined. The heart, the organ of main interest, weighed 20 ounces. Deposits of lymph were found on the external surface at several points, especially at the base, and similar deposits were found on the internal surface of the pericardial portion of the pericardium. The quantity of the pericardial fluid was two ounces. The walls of the right ventricle were from one-eighth to one-quarter inch in thickness, pale and soft; its cavity dilated, containing small, dark and yellow clots. The pulmonary valve, which, by the water test, was found sufficient, was normal. The right auricle was dilated. The tricuspid valve, found, by the water test, very insufficient, was thickened and congested, while some of the chordae tendineae were atrophied and stretched and others contracted. The walls of the left ventricle were one-half inch in thickness, pale and soft; its cavity dilated, containing a few clots. The aortic valve, which, by the water test, was found insufficient,

presented an interesting appearance. The valve was thickened and rigid, while from each cusp depended a mass of yellow fibrine three-quarters of an inch in length, attached to the entire ventricular surface of the cusp and gradually tapering to a small point at the floating extremity of the mass. One of the cusps by its dependant mass of fibrine was adherent to a mass of fibrine connected with the ventricular surface of the mitral valve, thus producing, in a great measure, the insufficiency at the aortic orifice. The left auricle was dilated. The mitral valve, which, by the water test, was found quite insufficient, was congested, thickened and rigid. Attached to its auricular surface were many fibrinous deposits; one of these was one-eighth of an inch in diameter and three-quarters of an inch in length, being attached by one extremity to the valve. On the ventricular surface, too, were small fibrinous deposits and the chordae tendineae were much contracted. The mitral orifice measured one and one-quarter inches in diameter.

The interesting elements of this case, from a clinical point of view, seem to the writer to be the great obstruction at the mitral valve without any corresponding murmur and the peculiar situation of the aortic regurgitant murmur, especially when connected with such an extensive regurgitation.

HYOSCYAMIA IN MENTAL DERANGEMENTS.

By F. S. WHITMAN, M. D., BELVIDERE, ILL.

So marked and lasting has been the benefit derived from the use of the above mentioned drug, in some exceedingly troublesome cases of mental derangement, occurring in my practice, that I am constrained to report them through the medium of your journal, hoping thereby to cause a more general use of this drug in similar cases than seems to be prevalent in our school, judging from published reports.

In Feb., 1875, Mrs. K—, aged 32, placed herself under my care for sterility. She had been married seven years, and although ardently desiring offspring, had never been pregnant. To outward appearances, she was the picture of health. She was of nervous-sanguine temperament, moderately fleshy, rosy cheeks, and firm muscle. She menstruated regularly but scantily, and was troubled at the period with severe rush of blood to head, causing intense headache. Physical examination revealed no abnormality. Urine was normal, bowels slightly constipated, appetite good, sleep refreshing. I treated her for over three months, giving, between periods, such remedies as *Puls.*, *Hel.*, *Sen.*, *Aletrin.*, *Mac.*, and *Caul.* (*Sepia* also), with a view to increasing the menstrual flow, which was very scanty; and at the month gave such remedies as *Bell.*, *Hyoscyamus*, *Verat. vir.*, or *Gels.*, to prevent the rush of blood to the head and the accompanying congestion. The remedies seemed to do no good, and in May of the same year she was seized with a violent attack of mania of a religious type. She was a devout Catholic and spent all her time in singing at the top of her voice, counting her beads, tearing her hair and bewailing her eternal loss. This attack was subdued in about two weeks, the remedies that showed the best effect upon her being *Hyoscyamus* and *Bell.* I used *Hyos.* in varying potencies from 1x. to the 200. The 3x. acted most promptly. After this, in spite of the best affiliation of remedies of which I was capable, at each menstrual return, there would be a repetition of the mania, lasting usually about three or four days. Hot foot and sitz baths had no effect in increasing the flow.

I treated her for over a year, using a variety of remedies and expedients, which, as they caused no marked change, I will not mention in detail. She then drifted into allopathic hands, and was for nearly two years under treatment from some of the most eminent M. D.'s in Chicago.

She finally sent for me again, saying she was better under homoeopathic than allopathic treatment. I persuaded her to consult Dr. E. M. Hale, of Chicago, and told her I would again undertake her treatment. By this time the headache had become almost constant, chiefly in occiput, showing congestion at the base of brain, and the woman had been transformed from a lively disposition to a taciturn, morose one, while the mania at the mouth was fearful to witness. Dr. Hale advised *Picrate of Ammonia*, which I gave at the 1x. dil. for a month with no improvement. We then gave *Mellilotus* for the same time with the same effect.

Upon thinking the case over carefully I informed Dr. H., that *Hyoscyamus* had done here more good than any other remedy I had ever used, and seemed the best indicated in her case yet, and consequently I believed we had better return to its use. In view of the fact that I had already given this remedy in varying potencies, he advised the use of *Hyoscyamia*. Immediately put the patient upon this remedy at the 2x. trit. four doses a day, during the interval between the menses and once an hour when the menses were present. She passed the first return of the menses without any recurrence of the headache and mania; and, although nearly two years have now elapsed, she has never had a return of either. I kept her upon the same remedy for three months, gradually decreasing the dose, since which time she has never taken a drop of medicine for this trouble—to my great relief and satisfaction, as well as hers. Time enough has now passed by to entitle this to rank as a cure and not as a mere palliation.

The second case in which I used *Hyoscyamia* with equally good results was that of a lady, aged 38, in whose case insanity was hereditary. This was her third attack, the second one lasting over a year. The application for her admission to the Insane Hospital at Elgin, in this State, was refused by the Medical Superintendent, after carefully inquiring into the case, on the grounds that she was probably incurable, and the asylum was already crowded. She was under skillful treatment for over six months by a local, doctor with no benefit. When I first saw her, she was afflicted with a furious mania, alternating with moroseness. She would wake up in the night, and sing and shout, and keep the whole house in an uproar. She was married, the mother of children, and the menstrual functions were normal. All the symptoms I could get from a careful examination were the mania and an obstinate constipation. I placed her upon *Hyoscyamia* and *Hydrastis*, and in less than two weeks had the satisfaction of seeing a marked improvement in both mania and constipation. She continued to steadily improve under these remedies (no others were used during her treatment) for two months, when her treatment was suspended and she has remained well ever since, which is about fourteen months.

P. S.—Dr. Hale, who sent me the preparation, has lately informed me that it was the *amorphous Hyoscyamia*.

BORACIC ACID IN THE TREATMENT OF OTITIS MEDIA SUPPURATIVA CHRONICA.—Dr. G. S. Norton, in the *Med. Chirurg. Quarterly*, strongly recommends the following method of treatment. "The ear is first carefully cleansed from all discharge by the use of cotton on a probe. A small quantity is then taken, saturated in *Vaseline*, most of which, however, should be pressed out, so that the cotton is only moist. This, being held by a pair of forceps, should be dipped into finely pulverized *Boracic Acid*, allowing as much to adhere to the cotton as possible. Now introduce into the ear, pressing it down upon the perforated *membrana tympani*, and allow to remain there a varying length of time, according to the nature and amount of discharge. For instance, if the discharge be very profuse, so that the pledget of cotton becomes saturated in twenty-four hours or less, it must be removed and reapplied every day. In the majority of cases every second day will suffice.

and I have cases in which the acid has been allowed to remain in the ear undisturbed from three to seven days. These, however, were cases in which there was only slight discharge, either at the beginning or in the last stages of the disease.

"So far, the cure has been very prompt under the above treatment, in nearly every case not exceeding two or three weeks. Discharges from the ear which have been present for several years, and in one instance for life, have been quickly relieved."

TREATMENT OF SCARLATINA.—Dr. W. R. Thompson, in a paper read before the Miami County (O.) Medical Society, says:

"During the course of uncomplicated scarlet fever, the patient should be thoroughly bathed in tepid water, or, if the fever is very high and the patient plethoric, the baths may be nearly cold, being gradually warmed as the fever and temperature subside. I usually have my patients bathed once or twice a day in tepid water, wiped dry, and thoroughly anointed with *Vaseline* and *Carbolic acid*, in the proportion of five or ten grains to the ounce of *Vaseline*. I regard the frequent ablutions as the most effectual remedy we possess against the dropsy. In an experience unusually large, I can say that where the skin has been effectually guarded during the stage of desquamation, I have never seen a case of dropsy follow.

"I began the treatment with fear and trembling, but have never regretted its use in a single case. Out of 25 well-marked cases of scarlet fever treated by me in 1879, I did not lose a single case, neither did I have a case of dropsy follow, and used the warm baths in every case until the scales were entirely removed. During the prevalence of that epidemic I treated a number of cases of anasarca that followed the mildest type of the fever, and that were not sufficiently sick to send for a doctor till the dropsy showed itself."—*Ohio Med. Jour.*, Sept., 1881.

A RARE FORM OF HYSTERIA.—(*Gaceta Cientif.*) A woman, 36 years of age, married, of nervous temperament and debilitated constitution, in consequence of frequent pregnancies, continued lactation, and a metrorrhagia ill defined in character, was slowly but steadily passing into a chloro-anemic state. This woman, according to her parents, was suddenly attacked, several months ago, with apoplexy, or what seemed in effect to be such. After this attack there was a complete paralysis of the movements of the extremities of the right side, and also of the face of the same side; the sensibility and intellectual faculties remained entire. After lasting an hour, this condition disappeared as suddenly as it came, only to appear again in the afternoon, the attack lasting for several minutes. Revulsives and antispasmodics ameliorated the general condition of the organism, gave tone to the nervous system, and finally removed the trouble. (T. M. S.)

A TRIUMPH OF DENTISTRY.—At the last meeting of the Medical Society at Strasburg, reported in the *Medical Gazette* of Strasburg, Dr. Julius Böckel presented, in the name of M. Sauval, dentist, a lady for whom the latter had extracted a small molar tooth for dental caries with violent pain; and, having found it slightly carious to the bottom of its root, he sawed off the points of the root, filled it with gold carefully through the carious channel, and then re-implanted the tooth. The lady was free from all her pain; the tooth re-established itself solidly in her mouth; and at the date at which she appeared at the society (three weeks after the operation), the tooth served for mastication as well as her other teeth. This is certainly a remarkable example of what is technically described as dental autoprosthesis with autification.—*Brit. Med. Jour.*, Jan. 29th.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE ETHICAL PROBLEM.

The Royal College of Physicians of London has considered the matter of "Consultations with Homœopaths" of sufficient importance to justify an extraordinary meeting of that august body, for the purpose of settling upon a plan for the guidance of its Fellows.

The following resolution was unanimously carried:—That while the College thinks it desirable not to fetter the action of the fellows, members, and licentiates, with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public; the College, therefore, expects that all its fellows, members, and licentiates, will uphold these principles by discountenancing those who trade upon such designations.

Dr. Wilks, in support of the resolution, said that "The immediate reason for the bringing forward of the resolution was evident, viz.: the recent well-known consultation between a Fellow of this College and a gentleman believed to be a homœopath. With regard to this matter, the opinions of leading members of the profession had been taken, and the conduct of the Fellow in this case had been completely justified. With this opinion Dr. Wilks cordially concurred. But the whole matter was of great importance. Medical men had raised the question, 'Is the College of Physicians going to offer any opinion on the matter for the guidance of the weaker brethren?' The medical papers and daily press had discussed, and were still discussing, the subject from time to time. Some Fellows had thought of proposing a distinctly disqualifying resolution, forbidding professional intercourse with homœopaths, etc. But this could not be carried out; there were no pains and penalties to support it; and the position of the College would be ridiculous if it passed a resolution which might be immediately broken by some of its

distinguished Fellows. Again, looking at home, some of the members and licentiates of the College were homœopaths. There was also a legal difficulty in the way; it was imperative by Act of Parliament to grant licenses to any one, irrespective of his opinions. As the College could not deal with the greater criminal in its ranks, so it must leave the lesser one alone, as far as definite rules are concerned. These clauses in the Act of Parliament were undoubtedly introduced in favor of homœopaths; and, after a time, the practice sprang up of meeting homœopathic practitioners on equal terms. Nearly all the arguments hitherto brought against meeting homœopaths in consultation, Dr. Wilks thought, were bad; it was generally made a question of *doctrine*. He utterly repudiated any medical *doctrine* in a question of therapeutics; none was possible now, nor probably ever would be. But the theory that the whole question was one of difference of doctrine was maintained by the homœopaths, by the daily, and even by the medical press. He would, of course, repudiate the word 'allopathy'; any body might hold any doctrine he liked. The question at issue was far different; it was not one of liberality or illiberality in opinion. The word 'liberal' should not be used in relation to a scientific subject.

"We should endeavor to carry out, in the spirit of Harvey, the 'investigation of nature' quite apart from theory or doctrine. There should be no restrictions—all should think and say what they liked. Was it not true that some Fellows of the College had started quite as extraordinary opinions as homœopaths? The real question was one of *morals*. Professions differed from trades. A professional man, whether parson, lawyer, or doctor, was one who had the care or guidance of those who sought his advice in matters of mind, body, or estate. A tradesman simply catered for the public—supplied a demand. Fashions might change; there might be high art or low art; the tradesman simply gave people what they wanted; but the professional man guided them, from superior knowledge; and a good deal of this knowledge must necessarily be kept back, being the product of special study. It was to be noted that, in proportion as the subject of 'treatment' was by itself prominently brought before the public, so a nearer advance was made towards quackery. The charlatan had to do with treatment only. He issued his advertisements for pills, and that was all; there was nothing behind the advertisement. Homœopathy was the very quintessence of quackery, bringing as it did, a system of treatment only before the public. It cared not for, nor wanted, anatomy or physiology. The homœopaths abused everybody else, and brought forward wonderful cases which no one else could cure. This was the general character of homœopathic literature. It was a homœopath who was now most abusing our profession, attacking the study of physiology and traducing vivisection, and putting a musty metaphysical jargon in the place of scientific statements. The greatest authority of the day on charlatanism—Barnum of New York—had said that it did not consist in robbing, or cheating directly, but in blowing one's trumpet loudly, and proclaiming one's superiority to other people. Dr. Wilks had had a patient with

heart-disease and dropsy, who was afterwards seen by a homœopath. The patient got better. The prescription was what Dr. Wilks might have written himself; but the homœopath was preferred, 'because he had principles, and explained them.' Here was the difference, and the point at issue. It must be clearly understood that the question is one, not of doctrine, but of morals. The whole ground, indeed, seemed to be covered, strangely enough, in a letter written to the *Times* by a homœopathic practitioner a few years ago, pleading for freedom of opinion and action, and the abolition of sectarianism in medicine. 'No theory or practice,' it was said, 'ought to exclude a man from the profession, provided he did not trade on a distinctive name.' Dr. Wilks went on to urge that the College should utter some opinion on the matter, mentioning, among other reasons, that it would help to remove difficulties from the way of hesitating students, some of whom, more worldly-minded than others, were induced to start as homœopaths from motives of trade more than any thing else. He summed up his reason for bringing forward the resolutions as follows: 1. The inadvisability of passing a *strong* resolution, as some were inclined to do, because we are not our own masters; 2. The necessity for a definition of the reasons why we decline to meet homœopaths—it being a moral, not a doctrinal, question; 3. The advantage of the College placing its opinion hereon on record."

Dr. Wilks' remarks are worthy our consideration, and some of them, we are sorry to say, are too true. The statement in respect to the discarding of anatomy and physiology by homœopaths, is absolutely *false* so far as ninety-nine out of a hundred of its practitioners are concerned!

The study of these branches is considered just as important by the great majority of those practicing homœopathically, as by those who choose to be classed with Dr. Wilks. Quacks can be found in all Schools of practice, and Dr. Wilks cannot abhor the trading aspect of the case more than we. All true physicians will gladly hail the time when the distinctive title can be abandoned by the absorption of all medical knowledge into one system of practice. Sir William Gull said, in discussing the question, that "The College was treading on serious ground, and that the question was one of individual conviction. We should do what was best for our patients, and co-operate frankly, if at all. He would not meet anyone who gave purgatives in peritonitis, or who treated a patient with aneurism by making him walk out in all weathers. He once knew a homœopath who gave this latter piece of advice, saying that if there were bleeding, it would do good by unloading the chest. But the question should be discussed only *intra muros*; no resolution should be published. If the most respected Fellows disagreed, none should be put into a difficulty. It should go forth to the profession, however, that the College could not trifle with a system that was false."

"Dr. Wilson Fox said that he was most decidedly of opinion that Dr. Wilks' remarks covered the whole ground, and answered all objections that had been raised. Professional men must certainly claim for themselves

the right of accepting or refusing a consultation on the sole ground of the good of the patient. But the Fellows of the College had been publicly told that they were wrong in doing this, and had been abused as a 'privileged' class. Dr. Wilks had laid down broad lines of conduct which were definite and clear. It was absolutely right and proper for a man to form any opinion he liked, and to start any line of treatment, but not to adopt a nomenclature applicable to himself as a special inventor of any particular process. With regard to Dr. Bucknill's criticism of the resolution, the gentleman to whom he referred had not assumed or accepted such names. The question raised by Dr. Wilks was the only one with which the College could deal. It could not deal with homœopaths as such; and certainly could not accept Dr. Bucknill's amendment. What could not a man honestly believe? It was well that some opinion should be expressed by the College. The medical public were asking for guidance in the matter. Surely it was no argument to say that, because it was not possible to meet all forms of quackery, no endeavor should be made to meet some. The College was preëminently a guide in professional ethics. It had already many excellent rules; and the addition proposed by Dr. Wilks was one of great value. There was no cause of fear from the public; and the profession was upheld rather than curtailed by the resolution."

"Sir William Jenner said he believed it was known that his own opinion was very strong against meeting homœopaths. Medicine had no business with anything else, but that the best thing possible should be done for the patient. But the homœopath did hold a fixed doctrine and principle. It was not possible to consult them; for evil would result. He did not put the matter on the moral ground, as Dr. Wilks did. He had once met a homœopathic doctor in consultation, without knowing him to be such; on a second occasion, he asked him whether he was a homœopath. His answer was that, when it was suitable, he used homœopathic treatment; at other times, the ordinary treatment. Sir William Jenner declined to act with him, on the ground that, at any moment during the course of the case, homœopathic treatment might be deemed suitable."

Our Old School colleagues will please bear in mind that we practice surgically, dietetically, etc., as well as homœopathically, and we see no objection to either in any code of ethics.

We are no more Homœopaths and nothing more than our opponents are Allopathists and nothing more! The adherents of both sects, we hope, are physicians in the broadest sense of the word.

They will also please bear in mind that the great majority of our thousands of practitioners have been educated in Old School practice as well as in homœopathic, and it would be fair to suppose that a preference must exist and that these adherents are in a better position to judge of the value of the two methods than those who know nothing whatever of the application of the theories of any other than their own. Very few of the many who have accepted and practiced the "New School" therapeutics, have found cause to

regret or have abandoned it after thorough testing in practice.

The most brilliant renegade that the "New School" has ever experienced was one who, in its early history, attempted to spread himself all over its literature of theory and practice, but because he could not arrogate everything to himself, he returns to the mire which he had pretended to leave and becomes a most abusive denunciator. The biography of this enterprising character is yet to be written.

The assertion that the great majority of those who practice homœopathically are doing so under false colors, is absolutely untrue, as they do not claim to be Homœopaths and nothing more. Neither do they flaunt the homœopathic banner or advertise themselves as Homœopaths, and do not attempt to obtain patients by claiming to practice homœopathically! They are compelled, because of belief in the application of drugs according to the rule of so-called Similars, to affiliate with Societies distinctively homœopathic because the "Old School" as an organization does not admit of freedom of opinion. When "Old School" Societies cease to be the keepers of the consciences of their members, and can protect the sacred right of individual opinion, then may they hope for the fellowship of those who have the independence to hold and express views at variance with those of the majority.

As we have before stated in these columns, universal consultation between members of the two schools of medicine is impracticable, until the practitioners are familiar with the principles and modes of each other. As an indication that physicians of the "Old School" are making this advance, we have many instances on record, one of the most important of which is the paper read before the N. Y. Academy of Medicine, January 5th last, by the eminent aurist, Dr. Samuel Sexton, on "The Treatment of Diseases of the Middle Ear and Contiguous Parts by Milder Measures than those Commonly in Vogue." He says:

"There are some remedies which have not been, as yet, generally adopted in the treatment of aural inflammation, that have proved in my hands to be of great value; one of the most important of these is the *Calc sulphurata* or *Sulphuretted lime*. When I first employed this drug—some six years ago—its use was confined mainly to furunculosis and diffuse inflammations of the external auditory canal; and the results then obtained were so gratifying that I ventured to present them to the profession in a paper published in the *American Journal of Otology* for January, 1879. The virtues then claimed for this remedy, in a rather restricted field of employment, have been not only confirmed during the three years that have now elapsed, but subsequent experience, in both private and infirmary practice, has also demonstrated its value in most of the acute inflammations of the middle ear and contiguous parts. In this somewhat extensive experience, I have found this remedy to exert a more favorable influence over acute aural inflammations than hitherto obtained by any other treatment. This drug seems to possess, according to Ringer, 'the property of preventing and

arresting suppuration.' Thus, in the inflammation threatening to end in suppuration, it reduces the inflammation and averts the formation of pus. It then hastens maturation considerably, whilst at the same time it diminishes and circumscribes the inflammation. The therapeutical action of this medicine cannot be fully explained; but in speaking of it as producing different and apparently opposite effects—as the dispersion of inflammation in one case and the expulsion of pus in another—Ringer likens it to poultices and hot fomentations, which both subdue inflammation and prevent suppuration, and in other cases considerably hasten the maturation of abscesses. My experience fully confirms all that is thus claimed for this drug, and I might add that, whenever its favorable effects are obtained, there is a marked abatement of pain; an important result where this symptom usually plays so great a part.

"As regards the special indications for the employment of this remedy, and the dosage, I would say that whenever there is acute inflammation, with or without suppuration, I would recommend its employment. Its continuance must depend on the effect produced, the length of time depending on conditions that differ in different cases; this, of course, is easily regulated by the physician when the indications for its use are fully understood. I give it in one-half grain doses, repeated every three or four hours, and I have seldom found that the above dose needed to be increased. A smaller dose is sometimes preferable, especially in children. I prefer to use this drug in the form of gelatine-coated pills, unless it is desirable not to administer a pill, or when smaller doses are indicated; for these purposes the triturations of *Hepar sulphur*," of the homœopaths are satisfactory.

"So certain am I of the action of this drug in inflammation, that I have not found it necessary for several years past to resort to leeching in any case, however severe; and I am scarcely ever obliged to use the knife for the relief of inflamed tissues anywhere about the ear. When large collections of pus have already formed in the subcutaneous tissue, it is, of course, nearly always necessary to lance them promptly; but when the periosteum of the mastoid process, or of other regions near the ear, becomes inflamed, and pus threatens to form beneath it, I regard the usual operation of cutting down to the bone for the relief of this condition, before giving the drug a fair trial, as not only unnecessary for the cure, but also as a cruel infliction on the patient and likely in many instances to very much aggravate the case. I have usually found that the early administration of the *Calcium sulphide* or the *Hepar sulphur*, in these cases, very promptly relieves the symptoms, which are usually thought to require the use of the knife.

"Sometimes the pains accompanying the acute aural affections under discussion are so severe that the patient's strength rapidly yields to their depressing influence; even when inflammation seems to yield to the *Calcium sulphide*, there may still remain very severe pains in and about the ear. These pains are not always constant; they are worse at night, and seem best borne when the patient is sitting up or walking about; there

are intervals of immunity, during which the patient experiences occasional 'darts' of pain in the ear, or behind the mastoid in the region supplied by the occipitalis minor nerve. In the treatment of this symptom I do not think the best course always is to benumb the whole system for the relief of the local pain. Paradoxical as it may seem, large doses of *Morphia* or *Quinine*—both of which drugs I have seen given freely in these cases—seem at times to increase the discomfort. Should any remote influence keep up the pain in the ear through sympathy of the nerves, or should the patient be subject to facial neuralgia, these factors must be weighed, and any particular cause, if possible, should be removed. For these pains there are several remedies that I always try before resorting to the profound narcotics, which, when employed extensively, are known to interfere with nutrition; I allude to *Aconite*, *Pulsatilla*, and *Gelsemium*. These may be employed in varying quantities, from a drop of the tincture down to a minute portion of that dose, given every few minutes or every few hours, according to the age of the patient and the urgency of the symptoms. The *Pulsatilla* seems best indicated in the acute aural attacks of children, while of the other two remedies it may be said that, while their action seems to be somewhat similar, yet in some cases it will be advantageous to try both of them, giving one a fair trial before resorting to the other."

In the discussion which followed the reading of this able and exhaustive paper, Dr. Roosa said:

"I find a great similarity in the teachings of the Homœopathic Otological Society and what we have heard from the reader of the paper this evening. There is no reflection in that assertion. But these are the principles of homœopathy. They may be correct and we may be wrong. The principles of treatment enunciated by the author of the paper represent the kind adopted by my friends in that society, for I have several personal friends among its members."

"Dr. Sexton, in reply to Dr. Burnett, concerning the influence of age, habits, etc., upon the use of the *Sulphide of calcium*, said that it did make a difference as to whether the patient was old or young, so far as the dose was concerned; but he had not seen many cases as yet in which he thought the drug was contra-indicated, and both old and young might take the remedy with safety when it was properly given. It was thought to be particularly efficacious in scrofulous subjects. With regard to the remarks made by Dr. Roosa, he was not disappointed at that gentleman's surprise at what he (Dr. Sexton) had read. He expected there would be some surprise at these measures; but he could say that no one was surprised more than himself when he made up his mind that we were prone to operate too much about the ear. He still believed that such work is overdone; that we have gone too far; and that it is well that we should take a step in the other direction. He did not say that he never used the knife, and that leeching should never be employed; but simply said that he had found it unnecessary to resort to these measures since he had adopted the plan of treatment

already outlined. He thought that he had not allowed his patients to suffer from pain more than other surgeons, and as to the success of the treatment, the patients and the practitioner must judge.

"He was surprised at the suggestion concerning homœopathy made by Dr. Roosa, and did not exactly understand what was meant by the statement. As he understood homœopathy, he failed to see any connection between it and his method of treating aural disease. Certainly, *Calcium sulphide*, *Aconite*, *Gelsemium*, etc., were not remedies used by the homœopaths only nor specially. They had been used by regulars for years, and also in very small doses, and he was amazed that such a statement should have been made before a body of intelligent gentlemen. As to the use of *Calcium sulphide*, and subsequent treatment by other practitioners, he thought it an improper subject for discussion."

The remarks of disputants on this occasion showed entire lack of appreciation of the principle upon which the individualization of drugs depends, and it is not strange that failures should be reported when drugs are generalized upon pathological grounds.

An intelligent application of drugs to diseased conditions, requires a knowledge of their pure effects upon the organism in a healthy condition; and the sooner our friends of the "Old School" appreciate this fact the better it will be for all concerned.

Any person who will try *Calcium sulphide* under the following circumstances will not be disappointed in its action:

1st. The remedy is especially indicated in scrofulous subjects, particularly tending to suppurative conditions.

2d. If there is excessive hyperæsthesia of all senses, with irritability, great sensitiveness to cold and to contact, with amelioration of symptoms from warmth (wrapping up).

3d. The appetite is in a morbid condition, craving strong-tasting articles of food or drink, such as acids, condiments, beer, etc.

There are many other indications which careful study of the drug will cluster around these, but the above symptoms constitute the foundation upon which to study, and are the A B C's of materia medica, to be learned before the study can be advantageously prosecuted in its finer shades.

The *Southern Clinic* for January last contains an article on "The Curative Power of Small Doses of Drugs," by E. A. De Cailhol, M.D., of St. Louis, as a leader in its "Original" department. Dr. De Cailhol practices homœopathically and makes no secret of it.

His paper elucidates many of the points upon which homœopathic practice depends, and asserts that "this great truth commences to be understood by the members of the profession now, as indicated everywhere in allopathic medical journals, by advertisements of medicines prepared by chemists in parvules and granules of one-tenth of a grain, and even one-hundredth of a grain; but they soon will find, if they try both well—as I have honestly done myself—that the same medicines,

prepared in triturations with sugar of milk, will give them a great deal more satisfaction." In conclusion, he says "that the initial fact of all medical doctrine or system is not to imagine the truth, but to prove the truth by experimentation."

The fact that such a paper should be admitted to the columns of one of the leading "Old School" journals is an evidence that progress is being made in the direction of that unity in medical practice, which will ultimately wipe out the barriers which at present divide us into sects.

THE MIDDLETOWN ASYLUM.

We are pleased to note the development which has marked the progress of this most beneficent institution through another year.

The reports show that the Asylum is in a very excellent condition, and is doing its work successfully, curing a goodly proportion of its patients, caring for all comfortably, and paying the current expenses of management from its own earnings. It is well equipped for the purpose, thanks to the generosity of the State, whose trust in this case has been amply justified by the good results shown to have been accomplished.

The Trustees' report states that the past year, which is the eleventh in the history of the institution, has been a prosperous and progressive one. The original design of the institution has been completed by the erection of the third building, which is the second pavilion structure, one of which stands on either side and slightly to the rear of the first or administrative building. The sum of \$150,000 was asked for and granted to build it. Not only was the building erected complete and perfect for the purpose, but the necessary corridor and sub-way connecting it with the main building and boiler-house have been constructed, all within the appropriation. The pavilion, which is 204 by 40 feet with a wing of 70 feet, adds 175 to the capacity of the Asylum, which can now accommodate 400 patients, all of whom can be classified to the best advantage among its seventeen different wards.

Some improvements and repairs are declared by the Trustees to be necessary in order to put the institution in perfect working order, and the State will be asked to give it the finishing strokes on the ground that its success deserves such recognition. These improvements are as follows:—An additional boiler for steam for heating purposes; an enlarged dry room for the laundry; a tile floor for the main building, where two wooden ones have already been worn out, which would be in the interest of economy; additional fire apparatus, including hydrants in the yard with hose attached and ladders near at hand, the use of which is plain to all; a new iron pipe from the village main to the boiler-house in place of the old concrete pipe, which is unsafe; the changing of the water closets in the first building from their present position where freezing and overflow occur, to the central shaft, where these dangers are avoided and where ventilation would be better; a renovation of the steam heating pipes of the main building, which require a steam pressure of 25 to 30 pounds, while the pavilions can be heated with

5 pounds of steam; a gymnasium and work shop in the basement of the male pavilion, which would furnish indoor employment, exercise or amusement to patients in need of it; the grading of the rough land about the new pavilion to put it in keeping with the surrounding grounds. It is estimated that all these improvements can be made within the sum of \$28,000, which the State can well afford to lend to an institution with the record this one has made for economical and successful management.

The farm, which is conducted on business principles and is steadily being improved and enriched, produced crops during the year valued at about \$6,000, while the labor and board amounted to a little over \$2,000. In addition to regular farm crops, field and garden vegetables are raised in large quantities, and small fruits of every variety are cultivated and produced every year in increasing quantity for the Asylum tables. In the farm and garden work, as well as in the improvement of the lawns and the cultivation of flowers, the labor of the patients is utilized to their benefit and the advantage of the institution.

Notwithstanding the drought of the past year the crops were good. Among the improvements of the year on the grounds was the building of the substantial stone wall with granite gate-posts and iron gates on the Monhagen avenue front; the subjugation of ten acres of bog meadow; the enlargement of the green house and the adornment of the lawns with 40,000 plants propagated therein.

The Treasurer's report shows that the receipts for the board and care of patients have paid the current expenses of management and more, leaving a surplus in its treasury rather than a deficiency for the State to make up.

The report of Dr. Talcott, the Medical Superintendent, gives the record of his fifth year at the head of the institution, and it proves to be a very successful one as regards the treatment of the insane. The percentage of recoveries is larger than during any year of his management, and the death rate low to a marked degree.

At the beginning of the year, November 30, there were 180 patients in the Asylum, and during the twelve months 160 more were admitted, making 340 that were treated. Of these, 61 were discharged, recovered; 17 improved, 29 unimproved, and 15 died. The percentage of recoveries on the number discharged is 49.11, and the percentage of deaths on the whole number treated 4.41. Considering the fact that among the number treated are many hopelessly chronic cases, and some who are taken there for the sake of the extra care and comforts they can have in their last days, the death rate is very low. Though in every asylum treating acute cases, there are always some with the suicidal mania strongly upon them, there has been no case of suicide in this institution during the past year, and very few in its history. On the 30th of November last there were 108 male and 108 female patients in the institution.

Superintendent Talcott pays unusual attention in his report to the question of employment for the insane, considering how far it may be useful to them as a help towards recovery, and under what circumstances harmful.

While no general rule can be laid down, it seems to be settled that acute cases require rest rather than work, especially in the onset of the attack. During recovery light employment suited to the capacity and taste of the patient may be useful. In chronic cases, where there is the strength and disposition to work, it can be prosecuted in most instances without harm. The question of whether work will be beneficial or not has to be decided in each individual case upon its merits.

It is not always that patients needing employment are willing to work. Charity patients, who in their sane years have had more work than was good for them, do not take kindly to it even when it would benefit them. Patients not accustomed to work sometimes obstinately refuse to undertake anything that resembles employment. As a rule, however, patients have willingly embraced the opportunities given them to exercise their growing energies in some useful occupation. They have done work on the farm, in the garden, on the lawns, among the flowers, and in and about the institution to a considerable extent. A tabular statement shows the percentage of work done in the different departments by hired labor and by patients. That of the patients is shown as follows: lawn and grounds, 28 per cent.; boiler-house, 26 per cent.; sewing, 89 per cent.; attendance, 19 per cent.; paint and carpenter shop, 30 per cent. In all cases the good of the patients is considered rather than any profit to the institution from their labors.

The Superintendent quotes foreign authorities on this question at length, and the universal testimony is that employment in certain cases is a useful means of recovery, and in many it is almost indispensable to the permanent welfare of the patient.

The beneficial results of homœopathic medical treatment of the insane are declared to be more and more apparent, as experience multiplies and the rule of *similia* is strictly adhered to, though it is the purpose of the management to reap the fruit of every hygienic, sanitary and moral remedy that is available.

The Superintendent pays graceful and grateful acknowledgment to the Trustees, his medical assistants, Drs. Butler and Kinney, Steward Cochrane, the supervisors, attendants, engineer, farmer and other employés of the institution, for hearty co-operation extended and faithful services rendered, as well as to the village clergy for their religious ministrations. He pays a compliment to the attendants especially, whose difficult work, calling for the exercise of the best qualities and gifts of human nature, is not fully appreciated because not rightly understood by the public.

A series of tables giving statistical information furnishes many interesting facts. The majority of recoveries were reached during the first year's treatment. The length of the period of treatment in the 61 recoveries of the year is stated as follows; under three months, 14; from three to six months, 16; from six to twelve months, 20; from twelve to eighteen months, 2; from one and a half years to two, 2; two to four years, 6; from four to six years, 1. Of the deaths all but two were over forty. One was over 25, one was

over 30, 4 over 40, 2 over 50, 5 over 60, 1 over 70, and 1 over 80. The causes of death were dementia from old age 6, from paralysis 1, dementia and exhaustion 2, general paresis 3, chronic mania and exhaustion 1, phthisis 2.

Of the 160 admitted during the year 62 were single, 75 married, 30 widows, 1 divorced and one unknown. As to births 94 were in New York State, 33 in the U. S. at large, 16 in Ireland, 11 in Germany, 3 in England, 1 in Canada, 1 in France and 1 in Bavaria; 14 were pay patients and 66 county charges.

As to the occupations, 33 of the women were house-keepers, 15 had no occupation, 5 were servants, 4 teachers, 1 cook and 1 tailoress. Among the men, 21 were farmers, 9 laborers, 6 merchants, 4 clerks, 3 brokers, 3 boatmen and 3 with no occupation, 2 were reporters, 2 real estate agents and 2 machinists; 38 other occupations had each one representative.

The causes of insanity in these one hundred and sixty cases, are stated as follows: Predisposition 27, overwork 20, heredity 17, domestic trouble 8, old age 7, and 4 from each of these: irregular living, child-birth, physical disease, loss of property, intemperance, sexual excess, financial trouble; 3 each from loss of family, injury of head, masturbation; 2 each from fright, opium eating, loss of friends, religious excitement, and dissipation. There was one from each of the following causes; excessive smoking, excessive use of tobacco, suppressed eruption, malaria, temperance excitement, physical injury, syphilis, miscarriage, lactation, climaxia, steamboat explosion.

The total number of patients treated in the Asylum from its organization to the first of December, 1881, is 1,832. Of these 362 were discharged recovered, 128 improved, 308 unimproved, 101 died, and 3 proved not insane.

The percentage of recoveries to the whole number discharged has never been below 40 per cent. and has averaged 48 per cent.

The good work the institution has already accomplished in restoring to reason or benefiting so large a number of the most unfortunate class in community has justified the promises of its founders, and all the generous support bestowed upon it, while the fact that it stands financially on a solid self-supporting basis, is the highest possible endorsement of its business management.

Altogether the report is a very gratifying one, showing as it does that the Asylum is in a most flourishing and healthy condition. All the details of the management are looked after with the most scrupulous care and fidelity by the Superintendent and his able assistants, and the result is that in every respect it is one of the best managed institutions in the State. It may well be a source of pride to its Board of Trustees, its officers, and to the people of the entire State.

CLARK BELL, Esq., who so ably filled the position of President of the Medico-Legal Society, several years since, has been again elected to that office by the so-called "reform" element of that body.

VIVISECTION IN ENGLAND.

The opponents of vivisection in England were recently defeated in court, by their inability to prove anything against the distinguished Professor Ferrier, as the experiments which had been made the basis of complaint were done by another and in accordance with governmental license. It is said that the Anti-vivisection Society which entered the proceedings, were routed with much confusion!

G. W. Smalley in his always admirable letters portrays the situation so clearly that we shall quote his words on the subject at considerable length.

"Miss Frances Power Cobbe is the leading spirit of this anti-vivisection society. She is Honorary Secretary of it, and no small part of her secretarial duties seems to consist in writing letters to the papers. Since the acquittal of Professor Ferrier her pen has been very active indeed. Miss Cobbe looks with disfavor not on vivisection only, but on the whole medical profession. She sneers at its alleged humanity. She cannot bear to be reminded that the recent Medical Congress in London adopted unanimously a resolution that vivisection is indispensable to the progress of medical science. * * *

"It is doubtful whether this society of anti-vivisection is not doing more harm than good to its own cause. Such blunders as those of the Ferrier prosecution disgust the public. People may not like cruelty to animals, but neither do they like cruelty to men; even to men of science. Miss Cobbe is a writer of some rhetorical ability, but she is not a judicious advocate. It is a question whether women do often appear to advantage in public controversies. They are animated by praiseworthy sentiments, but they are not always accurate, and are sometimes shrill. * * *

"Vivisection or anti-vivisection is not a subject on which I care to dispute. But I have heard it a good deal discussed from time to time by men whose eminence in science is of the highest, and whose humanity I should value as highly as Miss Cobbe's: men who abhor cruelty as much as they love scientific research. The substance of their talk on this part of the matter may be briefly stated. They do regard vivisection as absolutely essential to the progress of medical and physiological knowledge. They do consider that vivisection has contributed largely to the increase of such knowledge. They agree that experiments on living animals ought to be so conducted that suffering shall be reduced to a minimum. They say that in England such experiments have generally been so conducted. In so far as it has been otherwise—here or on the Continent—they regret it and condemn it; and I gather they are disposed to admit that some foreign physiologists have shown an indifference to animal suffering and even a readiness to inflict needless pain; which they deplore as much as Miss Cobbe could.

"With respect to the present state of the law in England, they hold pretty strong opinions. The Vivisection Act is the result of a compromise. It is not so stringent as Miss Cobbe and her party wanted, and it is much more stringent than men of science think necessary or, from any point of view, expedient. Much depends on the way in which it is worked. The Home Secretary has a pretty large discretion under the statute. If he were of the Cobbe party, he could make vivisection all but impossible. If he be a moderate and reasonable man, he may so interpret the Act as to allow a physiologist to pursue a particular line of inquiry, and perform without much hindrance one class or set of experiments at a time. But a license must be granted in each case and for a specified object. The license is for a year only, and must be renewed annually, provided the Home Secretary thinks fit to renew it. The application for a license must specify minutely the

object of the experiments and the nature of them, and the grantee cannot go beyond the four corners of his license. The effect is that a great deal of scientific work is rendered practically impossible. A physiologist who sets out upon a certain path of inquiry never knows where it may lead him. He begins with the brain, and wants to go to the nerves at the other extremity of the system. But his license does not extend so far, and he must stop—abandon perhaps altogether his pursuit. He is, moreover, conducting delicate and difficult experiments under the consciousness that he is watched and checked. His mind is not free, and he can work to little advantage.

"The result of it all is that physiology has pretty much come to a standstill in England. The editor of an important scientific periodical told me the other day he could no longer get contributions in physiology—that little or no original work in physiology was now done in England. It is not very important that a particular periodical should lose good articles, but it is, he said, of immense importance to English medical science that it should not be stopped on the threshold of discoveries beneficial to human life and health. But all the new discoveries now come from abroad. He spoke of Professor Ferrier's work as opening undreamed-of possibilities of recovery in brain disease and kindred maladies, of operations on the brain which no surgeon would have ventured on which are saving scores of lives, and of which vivisection alone revealed the feasibility. But an English physiologist, he added, is now simply driven abroad to pursue his researches. Sir Richard Cross, the late Home Secretary, and Sir William Harcourt, the present, have indeed worked the Act in that reasonable and moderate way which men of science would wish. But the Act does nevertheless paralyze the very kind of research which is admittedly the most beneficial.

"The name of a very distinguished man was mentioned as one of those who, though possessing a license, have found themselves so much hampered in their work here that they have had to choose between abandoning the work and abandoning their country; and who have chosen the latter alternative. He is a man who has done as much as anybody now living to relieve physical suffering, and multiply the chances of saving life in grave surgical operations. It is not likely that such a man takes pleasure in inflicting on animals the pain from which he saves his fellow-men. If we are ready to say we have no right to make animals suffer for any human advantage, well and good. We shall then give up animal food, horse-racing, the pursuit of animals for sport, and the use of them for draught and similar purposes. But what the scientific investigator urges is that this reform, if it be a reform, should not begin at the point where the suffering of the animals is the least, and the benefit to men the greatest."

The next thing we know some eccentric enthusiast will be knocking at the doors of our legislative halls, for the purpose of making notoriety through some similar legislation as that which has made Miss Cobbe so prominent as a so-called philanthropist.

HUTCHINSON ON CHLOROFORM.—Mr. Hutchinson (London Hospital) holds that, it being a matter of fact that many children over a certain age die under *Chloroform*, and that many persons of all ages frequently barely escape death, it can be no longer questioned that this drug is not innocuous. He thinks *Ether* almost without danger, and lays down the following rules for the administration of anesthetics:

1. *Chloroform* may be safely administered to children under six months of age.
2. Between the ages of six and thirty years *Ether* should be substituted for *Chloroform*.
3. To give *Ether* first, and then maintain the anesthesia by *Chloroform*, is comparatively safe.

BIBLIOGRAPHICAL.

THE OPIUM HABIT AND ALCOHOLISM. A Treatise on the Habit of Opium and its Compounds; Alcohol; Chloral-Hydrate; Chloroform; Bromide Potassium; and Cannabis Indica: Including their Therapeutical Indications: With Suggestions for Treating Various Painful Complications. By Dr. Fred. Heman Hubbard. New York: A. S. Barnes & Co. Pp. 259, 16 mo.

The only reason for the issue of this book, apparent from our standpoint, is for the purpose of notoriety. The work was originally written, we should think, for circulation with laymen, and, as an after-thought, revamped with a double object.

To say nothing of the quality of the matter presented, the egregious errors in which the text abounds is sufficient ground upon which to condemn as a literary or scientific production.

INSANITY AND ITS TREATMENT. Lectures on the Treatment of Insanity and Kindred Nervous Diseases. By Samuel Worcester, M.D. (Harv.), Salem, Mass.; Lecturer on Insanity, Nervous Diseases and Dermatology, at Boston University School of Medicine; Member of the Am. Inst. of Homœopathy; Member of the Mass. Hom. Med. Society; Honorary Member of the N. Y. State Hom. Med. Society; formerly Assistant Physician of the Butler Hospital for the Insane, at Providence, R. I., etc., etc., Boericke & Tafel: New York and Phila. 1882. Pp. 462, 8vo.

The basis of the volume before us was formed by a course of lectures delivered before the Senior class of Boston University School of Medicine, and with additions and changes it is presented, not as a complete text-book, but as containing a fairly correct summary of our present knowledge of insanity and its homœopathic treatment. The author says he has simply tried, under the form of lectures, to present such a book as would be of practical value to the student and practitioner—one that was concise and yet extensive enough to be useful as a work of reference; and he has accomplished the object quite satisfactorily. A work such as the one under review, to be of value, must necessarily include an account of previous investigations of the subjects treated. Our author has shown himself equal to the difficult task of compilation, and the text shows intelligent familiarity with the sources from which the quotations are made.

We can highly recommend the book for the purpose indicated.

OPHTHALMIC THERAPEUTICS. By George S. Norton, M.D., Prof. of Ophthalmology in the College of the N. Y. Ophthalmic Hospital; Senior Surgeon to the N. Y. Ophthalmic Hospital; Ophthalmic and Aural Surgeon to the Homœopathic Hospital, W. I., etc. Second edition, re-written and revised, with copious additions. New York and Philadelphia: Boericke & Tafel. 1882. Pp. 342, 8vo.

We have only to add to our review of the previous edition of this work, that the present volume has been partly re-written, some additions made, and Dr. Norton assumes the sole editorial responsibility.

The work is divided into two parts, the first of which is devoted to therapeutics, according to the individual drugs from *Acetic acid* to *Zincum*, covering 190 pages; and the second part individualizes the drugs to particular affections according to the respective symptomatology.

The book will be found of service to the general practitioner, as well as to the specialist in this department.

CORRESPONDENCE.

OUR LONDON LETTER.

MESSRS. EDITORS:—Those who are acquainted with the first volume of Dr. Dudgeon's translation of Hahnemann's *Materia Medica Pura* will be glad to hear that the second and last volume is printed, and will be published immediately. This is the latest production of the Hahnemann Publishing Society, and in every way worthy of it. Dr. Dudgeon has laid all English-speaking homœopaths under a great obligation in this work and supplied a want long felt. The Society under whose auspices it is given to the world, if not noted for the rapidity of its productions, can at least claim for them that they are solid, and lately it has showed signs of activity which permit us to hope that the *Hahnemann Materia Medica* may, ere long, receive substantial additions, in the shape of monographs of the kind already existing in *Kali bichromicum*, *Aconite*, *Arsenic*, *Belladonna* and *Uranium nitricum*.

Dr. Dudgeon's labors are not confined to homœopathy. His name is well known to the scientific world, and his inventive genius has made the whole medical profession his debtor in his splendid gift to it of a sphygmograph, which can be used in daily practice. It is scarcely too much to expect that in the course of a few years the sphygmograph will become as indispensable as the thermometer and the stethoscope now are to the general practitioner. Already Dudgeon's instrument is in general use in all the large hospitals and receives praise from all quarters, though there is some reluctance to believe that it can have been invented by a homœopath! Dr. Dudgeon refused to patent his invention, and consequently its price (2½ guineas) is very low, and within the reach of all.

The next most needed instrument is a thermometer that can be worn continually, and register not only the highest temperatures attained, but the variations of temperature throughout the twenty-four hours. There is still much to be worked up in this field. Of late, cases of excessively high temperature have been reported in the journals and discussed at the societies, and doubts thrown upon the results obtained. The patients have been women, and of nervous temperament, and some of the attendant circumstances have been suspicious. At the same time, no definite fraud has been detected, and the explanations offered have been most unsatisfactory—that the patient had made use of hot bottle and poultices; might have rubbed the bulb with her thumb and finger; or run up the indicator, when taken in the mouth, by inhaling through the nose and exhaling through the mouth, which will have that effect when the bulb is wrapped in silk. But the bulb was not wrapped in silk when put into the mouth, and according to the reports the conditions quite precluded resort to the other frauds suggested. The latest published case is one very fully recorded by Dr. Little, of Dublin. It is as remarkable as any, the thermometer registering on one occasion 133° F., and frequently 130° F. It is manifestly genuine. She was three months under observation, and hyperpyretic most of the time. Dr. Little comes to the conclusion "that the girl really had cerebral mischief, probably in consequence of the injury of the head, and of the dissipated life which she appeared to have been leading: but the highest temperatures were found when all symptoms of this condition had passed off, and certainly did not affect any large portion of the body, and, as it appears to me, they must either have been produced in some artificial way, or have been the result of a special state of the nervous system which enabled her to determine active change of tissue in a part by an effort of the will." Clearly an improved thermometer is wanted.

The vivisection question is waxing warmer. In this month's *Nineteenth Century* are three articles defending

the practice, from the pens of Sir James Paget, Professor Owens, and Dr. Wilks. The contention of all three is the same, though all are not in favor of the same degree of license to be allowed. It is a case of ends justifying means. The cause of science, and probable relief of human suffering, and preservation of human life on the one side, and on the other the right of subjecting animals to torture. The opponents of vivisection contend that if the practice is to result in the enormous saving of life claimed for it, it would be much more fruitful of good results if human subjects were substituted, and propose that condemned criminals should take the place of the animals. The mere proposal of such a thing shows that there are limits beyond which our thirst for scientific knowledge cannot carry us. The whole civilized world would rather die in scientific ignorance than hand over a Sepoy to be curarized and vivisectioned. Where, then, must the line be drawn? At those creatures which have no power to resist or utter a protest? Is it right to do wrong in the one case and not in the other?

It is refreshing to come across a little news occasionally. The following is from a Brazil correspondent of the *Medical Times and Gazette*: "An example of the recognition of the value of the old medicine in our skeptical days is to be found in the rehabilitation of *Cochineal* as a therapeutic agent—a cardiac sedative, and a valuable remedy in certain cases of diseased kidney. May not the virtues of the insect be derived from the juices of the cactus on which it feeds, and from which it derives its color? The *Cactus grandiflorus* is, in the form of tincture, much used here in heart ailments as a sedative." *Chrysophanic acid* is now being used rather largely in the treatment of psoriasis. It has for some time been recognized as one of the best applications to use for ringworm in the form of an ointment. Lately the ointment has been applied to patches of psoriasis, and the remarkable point about it is that in some cases where it has been applied to only one affected limb it has not only cured that, but the other as well. This hint has not been neglected by homeopaths, and I have heard of several bad cases cured with the lower triturations given internally.

Speaking of psoriasis, there were several cases of it published in one of the journals, a few weeks ago, where it had been produced by taking *Borax*. From this it would seem that the soothing virtues of that substance are really homeopathic, and when in psoriasis we fail to cure with other remedies we shall have this to fall back on.

"*Sanitas Sanitatum, omnia Sanitas!*" In the summer we had an exhibition of all manner of sanitary appliances and contrivances in South Kensington, London, and now at the same place the "Smoke Abatement Exhibition" is showing us how to have fire without smoke; whilst at Brighton there is a "Health Exhibition," and in connection with it a "Health Congress," the latter under the presidency of Dr. W. B. Richardson, the famous projector of the newest Utopia, where the only paupers are medical men.

Dr. Tripe has lately been giving the Society of Medical Officers of Health a sketch of the sanitary history of the metropolis. From this it appears that whilst we are in some respects infinitely in advance of our forefathers, and whilst the death rate as a whole is much lower than it was in former times, the death rate amongst children is higher now than it was in the dark days of old. This is not a pleasing reflection, and it shows that there is still scope for all the best energies of sanitarians. It would seem that the difficulties of managing that huge province of houses called London almost keeps pace with our growing means of coping with them, and with the march of sanitary science. We have now no longer streets of houses where the upper stories project over the basements, where an open channel in the centre of the street carries away the refuse of all kinds at no very rapid rate. But we do have houses where modern improvements have given the occupants the means of

shutting out all fresh air and keeping in all the effluvia that ought to be let out. We have a complicated system of removing sewerage which is easily put out of order, and when this occurs the results are far more dangerous than those of the more open and disgusting systems of old. But I suspect these are not the chief factors concerned in keeping up our high rate of infant mortality. A child was brought into the hospital a few days ago by its mother. The child was two years and a half old, and had never been given any food except its mother's milk! This not very generous diet was occasionally varied by a drink of beer—pure, that is, not diluted by being drawn with the milk from its mother's veins. The child's stomach was rendered quite unfit for digesting proper food and it died. But whilst in hospital it would sit up in bed, rubbing the chin of its old-looking face, and say: "I want d'op beer! I want d'op beer!" I suspect it is to mothers like that of this child that the greater part of the excessive infant mortality is due. How this is to be remedied it is not easy to say. Perhaps temperance workers and temperance legislation may do most towards it, though something in the future is to be hoped from the improved system of national education. In the meantime we must wish success to all the efforts of sanitarians in their praiseworthy labors for the common good.

Yours, fraternally,

JOHN H. CLARKE, M. D.

15 St. George's Terrace, S. Kensington,
LONDON, S. W., Dec. 18, 1881.

P. S.—I have just heard that the Governors of the London School of Homœopathy have decided, at a meeting just held, to confer the degree of L. H. (Licentiate in Homœopathy) on those students who have attended the classes regularly and passed a creditable examination in the subjects lectured on. The degree is to be appended to the other qualifications which gives the right to practice and to register as a medical practitioner. It will be analogous to the L. M. (Licentiate in Midwifery) of the Schools.

THE LATE MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

MESSRS. EDITORS:—Your request to give my impressions of the late meeting of the American Public Health Association at Savannah, would require greater space than you can give to the subject to publish an intelligent review of the proceedings of the meeting, or a brief abstract of the many valuable papers read, for some of these were meaty, full of practical suggestions and useful information. Presuming that the New York papers gave you fair synopses of these, I will not attempt it.

First let me say that it is superfluous for the American Institute of Homœopathy to send delegates to the Association, as it does not receive delegates from any medical society, but only from cognate societies, Boards of Health, etc. The work of the Association is unique, being only in the line of preventive medicine. Membership is voluntary, and includes some of the best medical and lay talent in the country.

All schools of medicine meet on the common ground of sanitation, or care of the public health. On this occasion at Savannah, there was noticeable the pleasant mingling of the blue and the gray—the old Surgeon-General of the Confederate army (S. P. Moore), majors, captains, etc., of the same, cordially greeting their once Northern enemies; and the fraternizing of members of the two schools of medicine, which was largely promoted by our Dr. Falligant, who gave the only reception to the members of the A. M. H. Ass'n. This generous hospitality of the Dr. and Mrs. F. was met by a pretty general attendance of all visiting members of the Association, and therapeutics found no place in the discussion of the excellent viands. The other social feature of the occasion was the excursion down the river to Tyber Island and return,

given by the citizens of Savannah. A delightful summer afternoon, a bountiful collation with champagne, music, and the Savannah ladies, made the affair a grand success.

The sessions of the Association were well attended by members, but not by citizens, except in the evenings. Discussions on papers read showed a pretty thorough knowledge of the subjects under consideration, but there was the usual amount of time wasted on constitutional questions and resolutions which ought to have been tabled at once. One of these is worth noting here, for if its instructions were acted upon, the Homeopathic school would be left without representation in the National Board of Health. The resolution was offered on the false supposition that this Board would soon expire under the act organizing it; and provided that said Board be hereafter composed of members selected from army and navy surgeons and members of State boards of health. Such a formation of the National Board would effectually prevent popular representation on it. But after a long and warm discussion, a vote was taken which dropped the matter for the present.

W.

OUR FLORENCE LETTER.

MESSEURS, EDITORS:—During my summer travels I have visited several of the European hospitals, and presume that some account of them may not prove uninteresting to the profession in general.

It is said in America that homeopathy is dying out in Europe, but I can say with truth that homeopathy is not dying or likely to die. I am fully convinced, however (by ocular observation), that the science and art of therapeutics in the old school, is at a critical period of transition; they are satisfied that their system of cure is inadequate and unreliable, yet not willing to acknowledge "Similia" as the law and the only rational mode of treatment, therefore they fall back upon hygiene as the only anchor left them, at the same time using homeopathic remedies in a promiscuous way. They do the best they can under this transitory condition of things, hoping that some day Diogenes' lantern may reveal some sort of rational law of therapeutics.

At any rate, I found the most able physicians that I came in contact with ready to acknowledge these shortcomings on their side, and calling us hygienists par excellence—not so bad for the old school after all.

While in Switzerland, I visited the hospital at Lausanne, and was cordially received. They were very busy building a grand hospital, deeming the old structure unsuitable in these days of hygienic progress.

This hospital will contain from five to six hundred patients, and is divided into small wards separated from one another.

The physician in charge was an ex-surgeon of the army of General Bourbaki, of short duration, French in feeling and Swiss in education, with a fair knowledge of America and Americans.

My short stay in that city prevented me from accepting their kind invitation to visit them at some leisure hour.

At Genoa, they are building also a fine hospital, endowed by a noble family, and at present carried on by a dowager; it promises to be one of the most magnificent hospitals in Europe.

While at Milan, I went to see that old noble structure of "Etruscan design," the hospital Maggiore—Dr. Fevis (to whom I had a letter of introduction), is the chief of the department of diseases of the respiratory organs. The building, though very beautiful, is now unfit for use. The wards are too large and being too closely connected, ventilation is necessarily bad, and the whole building is infected with impure air.

Catarrhal affections were mostly treated with *Ipecacuanha* during the day, and *Dover's powders* during the night, without any care as to the nature of the sputa or the tract of the bronchi affected.

When these diseases are complicated with malarious troubles of the liver, spleen or digestive organs *Quinia*, *Arsenic*, *Nux vomica*, *Cinchona* and other nervine remedies are given. I heard nothing of *Senega*, of *Eupatorium*, of *Antimony* or *Mercury*. Their nauseous expectorants, their blisters and bleeding have all been abandoned, though, in rare cases of acute congestion they may bleed, but generally they use a supporting treatment, even in some form of acute cases. In these hospitals they have good physicians and excellent surgeons, and all are well paid.

I know not why Italian physicians have been often spoken of in a deprecatory way as to their learning, skill and knowledge. Surely, the Italian scholar cannot be surpassed in any science or art. Yet I have myself seen slighting remarks made upon these physicians. But a country that can give a Rasori, a Scarpa, and many other stars, cannot be said to have done nothing for the progress of medicine and surgery. It can only be explained by the unfortunate political condition of Italy, when France and Austria controlled everything in that country, not their money alone, but even their brain work, and called them their own production. For this cause alone, I believe, the Italian physicians have been denied their due share of just and merited honor. Their works on all scientific branches, i. e., anatomy, physiology, chemistry, pathology, obstetrics, ophthalmology, etc., are of the very best.

The profession must not forget that the oldest medical universities in the world, those of Padua and Bologna, are Italian, and were the great schools of Europe, before Europe had any organized faculty; but ungratefulness is the rule now-a-days.

Apropos of Bologna, I visited its wonderful university, their cabinet of anatomy and surgical specimens, including the Etruscan, now occupies thirty rooms; this department is under the charge of Professor Colori, the distinguished professor of anatomy. Although 72 years of age, he still continues the labor to which his whole life has been devoted.

Some of the professors with whom I became acquainted expressed much interest in the American schools of medicine, and requested me to procure some skulls of the aboriginal Indians, as they have a grand collection of skulls of every other race of men. I shall take pains to procure the gift, not by scalping the poor Indian, but by appealing to the government at Washington.

Last, but not least, I visited the hospital of St. Maria Nuova, in Florence, that very interesting monument of charity, but this I will reserve for my next letter, as I frequently visit it.

Yours respectfully,

CIRO DE SUZZARA VERDI, M.D.

No. 56 Via Montebello,

FLORENCE, Nov. 25, 1881.

MESSEURS, EDITORS:—In your kind notice of our "Transactions" (International Convention) in the December *Times* you speak of their price as 16s. It should be 11s. 6d.—10s. for cost, and 1s. 6d. for carriage, etc. Would you kindly correct this, as the higher price might deter from their purchase?

Yours very truly,

RICHARD HUGHES.

BRIGHTON, ENG., Dec. 30, 1881.

ŒSOPHAGOSCOPES.—At the meeting of the Royal Society of Physicians, of Vienna, held May 6, Prof. Stork exhibited his improved œsophagoscope. Fastened to the staff which is to be introduced into the pharynx is a straight metal tube, which takes the place of the former elastic tube. The metal tube consists of three tubes, which fit into each other; these, by means of a screw arrangement, can be extended so that the tube acquires a length of eight inches, and will reach to the cardia.—*Wien Medicin. Wochenschr.*, May 14.

SOCIETY REPORTS.

WISCONSIN SOCIETY MEETING.

A large and very interesting meeting of this society was held recently at Milwaukee, the President, Dr. W. Danforth, in the chair, Dr. Storke acting as secretary.

The special subject announced for consideration was "*Typhoid Fever, its Causes and Treatment.*"

President Danforth opened the discussion with an elaborate address. He said in part, you have been called together for the purpose of considering the subject of zymotic disease, more especially typhoid fever; to ascertain so far as may be, what our members know of its etiology and treatment.

Is it in any proper sense caused by any known local external conditions among us—either of faulty sewerage, poisoned wells, decomposing animal or vegetable matter, or from malaria, arising from these conditions?

Is it not rather caused by internal conditions—such as congestion of the medulla oblongata, which is now conceded to be the governing vaso motor centre? And do not these congestions cause partial paralysis of nerves presiding over glandular action? And, if so, does not interrupted human sewerage result, thereby loading the system with effete and corrupting matter, which would stimulate reaction, increase of bodily temperature and general pyrexia? And is the increased bodily temperature due to an increase of the amount of heat produced? Or, is it not rather caused by a failure of the body to throw off its heat?

We know that the human organism is a perfect galvanic battery; the brain and spinal system being its positive, and the organic or sympathetic nerves, the negative elements; and that health is maintained only when the positive and negative currents pass in their physiological rhythm.

If now, from some congestion the polarities become changed, or seriously interrupted, may not febrile reaction result? And glandular action suffer serious derangement, entailing septic fever as a consequence?

"We know that in man there is a fixed mean temperature and a normal diurnal variation of temperature, having a regular rhythm, which is always beyond the control of all disturbing causes, that do not force the organism beyond the limits of health."

If now from inverted electrical polarities, congestions result, secretions become obstructed, and thence perverted; may we not have septic or typhoid fever as a result?

And here again, the question arises whether such septic fever would take on real typhoid symptoms? Doubtless the fever would in some degree simulate typhoid, it would be continuous with diurnal exacerbations, but the intestinal lesion of typhoid might not be present.

Its duration would be variable according to the constitution of the affected person; in many cases proving to be ephemeral only, while in others it would thoroughly prostrate the whole system, and drag on to a chronic and perhaps fatal issue.

This brings us to consider the question whether typhoid fever can ever be produced in the human organism by pathogenetic influences, or whether for its inception the specific germ is not absolutely necessary.

If pathogenetic influences (*i. e.*, putrefaction) were sufficient to cause typhoid, we should find it very much more prevalent than it now is.

It is claimed that sewer gas and decomposing animal matter cause zymotic disease. This claim is specious, and will not bear the test of experience.

Zymotic disease, as classified, includes diphtheria, typhoid and typhus fevers, scarlatina, yellow fever, cholera, the plague, and many other diseased conditions presenting specific and well determined symptoms, each observing its own habit, symptoms and sequelae.

How then can sewer gas, at one and the same moment, cause a case of diphtheria and typhoid fever, or cholera and scarlatina?

The very proposition is preposterous, and only uttered by pedantic sanitarians.

If concentrated sewer gas is inhaled to any considerable extent, it will produce intense irritation of the mucous surfaces, and a high grade of nervous fever, delirium and death; but never a case of scarlatina or diphtheria.

If, however, sewer gas is diffused through the atmosphere, it is hereby rendered innocuous.

The atmosphere is composed of oxygen and nitrogen, not in combination, but free; each existing independent of the other, ready and anxious to seize upon any intruding element, and oxidize and antidote its noxious properties.

If this were not practically true, the whole human race would be swept from the face of the earth in ninety days, from the effects of rank poisons and irritants that are poured into it.

The atmosphere, then, is the great laboratory, supervised by the grand and Almighty Chemist of the universe, in such a manner as to render the shafts of death harmless as they fly about us.

I beg you not to mistake my proposition. It is that sewer gas is innocuous when freely mixed with the atmosphere. That sewer gas has never yet produced a case of diphtheria or typhoid fever, and, per consequence, never can.

And further it is, that what is true of sewer gas is equally true of decomposing animal matter. It, too, cannot cause specific zymotic disease.

Both reason and experience teach us that specific forms of disease are, and must be, produced by particular forces.

Again, I beg you not to misunderstand me. I have more than once been reported as saying that sewer gas and decomposing animal remains were in no sense noxious or injurious to health. This I have never yet said, nor do I believe it. But I do say and believe, that both are noxious, extremely disagreeable, and more or less injurious to health, but neither of them are the cause of specific zymotic disease. Neither will produce scarlatina or diphtheria, although it is more or less probable that they may aggravate such disease when it is present: "only this and nothing more." A much more fruitful cause of sickness, is to be found in contaminated drinking water. Both springs and wells may become so infected with excreta, or decomposing animal remains, as to render them actually poisonous; and when partaken of freely excite choleraic discharges from the bowels, and low forms of irritative or continued fever, in many respects resembling typhoid, but never scarlatina or specific zymotic disease.

Where then do the specific zymotic diseases come from? The man is not yet born who can answer this question satisfactorily. And yet, while it is not possible to determine this query, we can do much toward its solution.

We have decided to my satisfaction, and I doubt not to that of every unprejudiced mind, that specific zymotic disease is not produced by bad sewerage, sewer gas, or decomposing animal or vegetable matter.

I sincerely wish that time would permit me to cite a thousand proofs of this seemingly dogmatic assertion; proofs such as this: Scavengers and river dredgers, who are constantly inhaling the most putrid odors (after their admixture with that great disinfectant, the atmosphere) rarely, or never, take sick at all. They are the very last to take typhoid fever, or any zymotic disease. And further, malarial fevers, supposed to be engendered by decomposing vegetation only, are found, on the contrary, to be the most noxious and deadly in the dry sands of the great Sahara Desert of Africa—sailors, who go ashore for only a few hours, being frequently stricken with a fatal collapse. And again, we

find in Pekin, Canton, and other large cities of China, for the most part totally unprovided with sewers, that the offal and excreta from those millions of people are deposited in ditches and open drains, lying there in the open air, festering in the blazing sun, until the atmosphere is reeking with the pollution and intolerable effluvia. And yet, zymoses are very rarely met with. Resident English physicians, of eleven years' practice, say that they have not seen a half-dozen cases of typhoid fever in all that time. The well and river water used for drinking and culinary purposes is also fearfully contaminated. And stranger yet, here in Milwaukee, situated on this lake bluff, with absolutely perfect drainage, open and broad streets, beautiful and carefully sprinkled lawns, large lots, and comfortable houses widely separated from one another—right here, where we ought not to have diphtheria or typhoid—we find that about 44 per cent. of our deaths result from specific disease.

I append our Health Commissioner's mortality reports for the year ending Sept. 30, 1881: Whole number of deaths, 2,814; number of deaths reported under the head of zymotic 891; under the head of consumption, 354. It is now conceded that phthisis should be classified as a zymotic affection, thus giving 1,245 deaths from zymoses, in a total of 2,814. Almost one-half; and all this in the city of Milwaukee.

I could multiply these instructive and interesting facts almost indefinitely, showing conclusively that my seemingly dogmatic assertion that zymoses are not in any proper sense the result of effluvia from decomposing animal or vegetable matter, is literally and absolutely true.

If, now, zymotic disease does not result from the filth of Pekin and Canton; if malarial fevers, in their most pernicious forms, are found in a desert where not a blade of grass ever grows; if 44 per cent. of the mortality of Milwaukee is found to be the result of zymoses, what shall we say is the probable cause of malarial and zymotic disease?

Manifestly not decomposing vegetable and animal remains; neither sewer gas nor contaminated drinking water; in a word, not any of the causes commonly assigned by modern sanitarians—not any of them.

Pasteur, Tyndall, and a host of recent experimenters, have demonstrated that minute organisms—i.e., bacteria—are found in myriad numbers upon the free and affected surfaces of most zymotic patients—such as the throat of diphtheritis—and that these parasites are the cause of such diseases. Too great praise cannot be accorded for the careful and painstaking work of these observers. They have demonstrated the practicability of successfully inoculating sheep so as to prevent the deadly anthrax.

This was accomplished by cultivating, or preparing some of the malignant anthrax in warm blood serum, or meat juice, and then vaccinating 25 of a flock of 50 sheep, with this cultivated or modified disease. This was done on the first of the month. After they had entirely recovered from the quite moderate symptoms engendered—i.e., on the thirtieth of the same month—the whole flock of 50 was inoculated with the malignant anthrax itself, and in 26 hours the 25 sheep not protected by previous vaccination were dead; while all those protected by the mild vaccination lived.

This experiment was a grand success, and suggests the possibility of successful vaccination for every form of specific zymotic disease; but, in all sincerity, it does not prove that bacteria is the cause of the disease.

That we may find bacteria on diseased surfaces is quite true, but I protest that they only come off, and because of, the diseased condition. You cannot successfully inoculate healthy tissues with septic bacteria. It has been proven, over and over again, that these organisms, when separated from the decomposing medium in which they grow, can be injected in quantities into the blood or tissues of a healthy animal, or

applied to a sore on its skin, without producing the least effect; they are not in any sense parasitic on the living tissues. But once a sheep is taken with malignant anthrax, and bacteria swarm upon its surface. Given a case of severe membranous diphtheria, and they swarm upon it also. Suppurating surfaces invite them to assist in the work of decomposition. Chemists and physicists, finding them in such diseased conditions, at once regard them as the cause of the morbid state. The experiment of Pasteur, in the inoculation of the sheep, simply proves that, by macerating portions of the anthrax tumor, containing, probably, some bacteria, he was enabled to successfully inoculate, and thereby prevent the more malignant disease. But I protest that the bacteria were in no sense essential to the success he achieved.

Life, as it now proceeds on the earth's surface, begins with the chlorophyll body, which is the only form of protoplasm that obtains all its nutriment from inorganic sources, living at the maximum of integration and the minimum of disintegration; and it ends with the saphrophyte (including bacteria and micrococci), living at the maximum of disintegration, and the minimum of integration; agents of fermentation and destruction of tissues; the first organizing and the last disorganizing animal tissues. But the chlorophyll body is not the man or animal; it does not originate its form, but only assists in its growth.

And so the saphrophyte does not attack living tissues, but only hastens disintegration when inflammation or diseased action has sufficiently destroyed such tissues as to admit of its destructive operations. If bacteria caused diphtheria, the disease would always prove fatal, because the parasites would increase as the case progressed, and destroy in an increasing ratio as the forces of life became weakened.

On the contrary, some of our very worst cases suddenly stop and recover rapidly, and that, too, when there are myriads of the death-dealing parasites present, and busily at work. The same reasoning applies with logical force to typhoid fever, and, indeed, to all forms of specific zymotic disease.

If our patient has the stamina to react from the last stages of typhoid or diphtheria, he will throw off the bacteria and recover; if not—not. The parasites are powerless against a robust constitution; otherwise, death would reign supreme.

If, then, zymoses are not caused by germs or spores, we may properly ask again, what are they caused by?

I unhesitatingly answer, by perverted electrical conditions, which invert the physiological processes, thereby interrupting glandular action and producing glandular disease.

You will observe that the number of distinctly communicable diseases are closely related to the number of the secretions: Hydrophobia to the salivary; diphtheria to the mucous glands of the throat; the exanthemata (including scarlatina), to the lymphatic glandular secretion; typhoid fever to the mucous glands of the intestinal surface; and so on.

In fact, we cannot name a proper zymotic disease but what finds its root in some interrupted glandular structure. Inverted electrical action produces glandular derangement, which may (and often does) result in perverted secretions, the extent of such perversion depending upon the amount of electrical derangement; in many cases so paralyzing nerve-fibres as to completely arrest glandular action, thereby converting the normal into the abnormal, and so poisoning the whole system.

Every physician of extended observation will recall cases of severe—even fatal—consequences, which were the result of fear (i.e., purely nervous impression) as in cholera, extreme grief and mental anxiety. We call these "nervous" cases; and yet they take on all the symptoms and consequences of malignant types.

In these instances the blood itself is infected, and the corpuscular matter becomes the seat of the catalytic

change. If then, fear or fright can produce true zymotic disease, is it strange that the changed electrical status of our organism should also produce other forms of zymoses? Manifestly not.

We know that electricity is the ever-present and all-sustaining power of our very being; but we do not familiarly know to just what an extent our health is dependent upon the orderly play of the positive and negative currents along our spinal columns and nerves.

More particularly in reference to the subject of our present inquiry—typhoid fever—I have no doubt that perverted electrical action is the primary cause of it. And I am confident that this statement, whether new or not to our members, will bear and repay investigation.

You will recall many curious experiences in this field of practice; such as typhoid cases occurring in the most healthy localities and seasons; and among persons of the most robust constitutions; in places where the water is pure, and the particular and general surroundings are in accord with the strictest sanitary requirements. Yet fatal disease is sometimes ushered in, under these circumstances, and its presence and cause cannot be satisfactorily explained upon any other hypothesis.

Is it objected that typhoid is sometimes epidemic? Yes; but what causes the epidemic? I assert that it is caused by a changed electrical status, which, in itself, affects not only the nervous action, and thence the glandular secretions, but the surrounding media as well.

Why it is that the electrical change does cause typhoid in one case and diphtheria in another, I do not know; but we can readily see that it may result from predisposition or heredity.

That there are an infinite variety of conditions we do know; that in general terms they are alike we also know.

The mean temperature is ninety-eight, respirations and pulsations average, or nearly so, in all; and yet no two faces are alike, and there is the greatest possible variety of temperaments, consequently of predispositions. And these varieties may be acted upon by the changed electrical status, and effect different constitutions in different ways, in the one producing typhoid and in the other typhus, and so on.

It is more than probable that some of the diseases classified as zymotic, and known to be strongly contagious, like variola, are propagated by germs, but that typhoid fever, scarlatina and diphtheria are so propagated I do not believe. Neither reason nor experience will warrant or sustain such a view.

We must remember that in attempting to explain and account for the existence and propagation of zymoses we are dealing with the vital principle of life; and that this principle is *sui generis*, and not to be comprehended or explained upon any germ theory whatever. And further, that of all the imponderables, electricity is the nearest to, and the most intimately connected with vitality; consequently acts most cogently to sustain or derange its forces.

There is no doubt that the vital principle of our lives contains in itself (so to speak) negatives of the conditions of disease we are discussing to-day, and that these conditions are awakened into activity by the jarring forces about us, chief among which is electricity.

Bodily derangements, physical strain, impure air and water; these may predispose, but after all, await the more penetrating and subtle agency of the imponderabilia to precipitate specific disease.

Fully realizing the difficulty of formulating, and demonstrating an acceptable theory of the etiology of typhoid fever, I, nevertheless, offer these thoughts upon the subject for your consideration and amplification, hoping that some brain of this assembly may be able to evolve the truly original idea which shall make plain this somewhat abstract subject.

Telegraphy and railroading have materially modified electrical effects upon our organism. There is much less

violent electrical concussion in the atmosphere, on account of the rails and wires that now encircle the globe. This modification undoubtedly does effect diseased action, rendering zymotics less fearfully epidemic, but, withal, more constantly present and operative; a condition noticed by sanitarians, and claimed as a result of improved drainage (with their noses over a sewer, they could not think of electricity as being the cause of anything.) And what, after all our potential debates, is malaria but vitiated electricity—that indefinable nonentity, as easily put in a nutshell as blown into a balloon of pompous generalization, resting upon very thin air.

Again, what are miasmatic contagious diseases (including typhoid) but this same agency, stimulating reaction of the vital principle—that real but unbounded factor of our momentary existence?

We know that the anode (or positive) current comes from the brain, while the cathode (or negative) resides in the ganglionic system of nerves, and that any considerable jar of the natural rhythmic action of these two currents results in nervous disturbance, partial paralysis, congestions, interrupted glandular action—in a word, disease.

The special form of diseased action that will manifest itself cannot be foretold, but will depend upon idiosyncrasies.

In disease we seek to restore normal action by the effect of remedies, but what are these remedies but polarized elements, calculated to restore rhythmic action?

Viewed from whatever side, we perceive the vital and electrical forces of our organism in momentary and reciprocal action during health.

We also see that the vital force always acts within certain determined bounds, while the electrical may, and often does, act with widely varying intensity, thereby precipitating disease.

While these alternating polarities do not constitute a *sine quâ non* in the pathological field, yet in many abnormalities they do act as the mainspring, setting the wheels of discord in motion.

This is particularly true in regard to the miasmatic contagious diseases, including typhoid fever.

So much I have to say, in outline, in relation to the etiology of typhoid.

I purposely refrain from discussing the treatment of this malady, apprehending that those in attendance here must of necessity have considered this subject well, and are fully prepared to give us a practical solution of curative indications.

Whatever may be the outcome of our deliberations, I am confident that the session will not be without profit, not only to the members composing it, but to the profession at large.

It seems proper that I should allude, however briefly, to the subject of prophylaxis. Inasmuch as we cannot change vital action, and cannot control the electrical, therefore we cannot promise that any amount of ordinary prudence will prevent an attack of fever; and there we might properly dismiss the whole subject of prophylaxis were it not for prophetic utterances from the International Medical Congress, at its recent session across the water.

Pasteur has fairly demonstrated that vaccination with a preparation of anthrax did protect sheep from taking the malignant disease, while those not vaccinated, and only similarly exposed, all died. This discovery is of immense value, and it suggests the possibility of further and similar protection in other infectious and contagious diseases.

I say possibility, because until we have positive demonstration, there is no certainty of further protection; and it may fairly be questioned whether typhoid fever will ever come within the range of preventable diseases.

We may fairly expect that diphtheria, scarlatina, measles, whooping-cough, consumption and hydrophobia itself—in fact, all diseases whose habitat is within reach of our scalpels, may yet furnish us the protective virus,

And that our school children, after exhibiting from twelve to twenty successful vaccinations, may be declared free from most of the ills to which our flesh has been heir.

Such is the present outlook; such the reasonable promise in the near future.

Its final consummation depends upon the indefatigable energy with which you and your collaborators use the microscope and its accessories now within your grasp. Greater possibilities and richer rewards never before awaited the coming doctor.

[TO BE CONTINUED.]

A LETTER FROM DR. J. B. McCLELLAND.

From a private letter to Dr. J. H. McClelland, Pittsburgh, Pa., from his brother (who is spending the winter in Germany, dividing his time between Vienna and Berlin), which was read by request before the Allegheny County, Pa., Society, we are permitted to make a few extracts. As this letter was not intended for publication, due allowance will be made for its conversational style. The Doctor says: It is no wonder that Billroth does remarkable operations. In the first place he is responsible to no one; there is nobody to question him and to ask, why do you do this, or why do that? The patient has not a word to say in the matter. If Billroth determines to do an operation, that is the end of it; he is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference either way. I do not know if he even has any particular satisfaction in the recovery of the patient; it all lies in the fact of having done the operation. In the second place, Billroth has been first professor for years. He has the most abundant material for all classes, qualities and kinds. He does all kinds of surgery, including everything relating to the female generative tract. There is no speciality of gynecology of any consequence here. There is not a day in the year, and has not been for years, that Billroth has not done major operations. I do not mean amputations of limbs or resection of joints—he would not look at such a thing. Why! he whips out a goitre as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of the small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestine, stitches the ends together, removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen, he found the disease so extensive, involving so much, that he could not remove the growth at all. Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts a hole into the healthy part of the stomach, stitches the gut to it, and the man is getting fat! Now I say that, to be sure, they are wonderful operations; but why shouldn't they be? Billroth has attained this boldness and amazing skill in surgery by easy stages and after years of daily operating. Another thing, if he proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.

I am devoting myself principally to the use of the laryngoscope, together with auscultation and percussion, and a course on syphilis.

In Heiter's ward I was given a case to diagnose which proved to be pleurisy with large effusion. When I asked for treatment, he said the patient will get no med-

icine. And though the chest was bulged out enormously, he would not tap, because he said it was bad practice. The patient did well. They give no medicine for pneumonia except "may be a little *Ipecac*." You would be amazed at the number of old school doctors (the younger ones I meet here) who are sceptical as to the efficacy of medicine. Though we are generally known as homeopaths, we are treated with the greatest cordiality. The only bigotry I can observe is in the United States.

Volkmann of Halle, one of the very remarkable joint surgeons of the continent, cuts right plumb into a joint, knee, hip or elbow, and has good results.

The structure of hospitals here offers nothing that I can observe that would be of benefit to us. The building are very plain, ventilation poor, the heating apparatus being simply a stove in each ward, and everything rather of a primitive order. Yet, I presume, the mortality is no larger than at Roosevelt or the Pennsylvania Hospitals. As I have said very little medicine is given.

The great antiseptic is *Iodoform*. It is used in every operation, and every character of sore. After the operation is over the wound is covered with fine mosquito netting, dusted full of *Iodoform*, so that it looks like yellow musquito-bar; then absorbent cotton is next applied, following this, cloths wet with carbolic water, and over all the roller bandage. When operations for cancerous vaginas, oes., etc., are done, the vagina is stuffed with *Iodoform* tampons, and the wound not looked at for days. When the dressings are removed they are sweet and pure. Old cancerous sores are dusted over with *Iodoform*. One day I saw an assistant blowing *Iodoform* into a cancerous mouth. There was not a particle of smell from it, although hitherto the ward was made unbearable with it.

All of Billroth's operations are thoroughly Listerized except the spray. The instruments are constantly submerged in carbolic water, contained in shallow brass trays. Little tampons of cotton wet with carbolic water are used for wiping off the surroundings and washing away the blood. Before the operation is begun the skin at the seat of operation is most thoroughly scrubbed with carbolic soap.

Dr. Seip and myself have secured places under the famous Martin, of Berlin, for January and February. We consider ourselves extremely fortunate, as he takes but a very limited number of students.

TRANSLATIONS, GLEANINGS, ETC.

On the examination of persons suspected of insanity Dr. Forbes Winslow says:—"In forming an opinion of the criminal as well as the civil responsibility of any case of alleged insanity, it is very essential, with the view of arriving at right results, that we should make a just and scientific distinction between the actions of a naturally eccentric, ill-regulated, perverse, and wicked mind, and the mental disturbance, perverseness, caprice, vice, extravagance of conduct, ungovernable passion, sullenness of disposition, and melancholia consequent upon physical disease of the sensorium, or organs in close pathological relations with it, implicating the healthy action of thought. There is a normal and natural eccentricity, a healthy mental idiosyncrasy, caprice and feeling, distorted and perverted affection, disposition to acts of cruelty, vice, brutality, existing independently of that irregularity and disturbance in the operations of the intellect—those perversions of the affections and madness of conduct, the clear, unmistakable undoubted consequence of a diseased mind. It should never be forgotten that there is always floating upon the surface of society a large body of strange, wayward, intemperate, eccentric persons, criminally and viciously disposed, subject to every bad passion, impulsive in all their movements, addicted to habits of debauchery, who lead a kind of animal life."

SUPRA-PUBIC LITHOTOMY.—M. Bois (*Le Prog. Med.*) relates two cases of this operation. In the first case, a long standing coxalgia prevented the perineal section, so recourse was had to the supra-pubic section. After the operation a drainage tube was placed in the wound, and a sound left *in situ* in the urethra. At the end of fifteen days the urine ceased to pass by the wound, and at the end of five weeks the cure was complete. The second case was in a boy fifteen years of age, where, in order to render the bladder more prominent, a rubber bulb was placed in the rectum, according to the method of A. Petersen. On the 18th day the wound was healed, although the perversity of the patient prevented the use either of drain or sound. M. Monod had performed the operation three times. The first one was in a man sixty-three years of age; the calculus was very large, and the operation was successful. He operated without difficulty with the ordinary instruments, sutured the bladder, and placed a drainage tube and sound in position. On the tenth day there was a natural discharge of urine, and on the fifteenth day he was up, with only a small hypogastric fistula. This fistula served unfortunately for an entrance-way for an erysipelas which terminated fatally. In the second case there was a very hard stone, and frequent hemorrhages. The operation was without accident, but the patient died on the fifth day without peritonitis or infiltration of urine; at the autopsy a collection of gangrenous pus was found in the retro-pubic cellular tissue. In the third case the stone filled the bladder completely, so that it was impossible to pass an instrument, and the incision was made upon the stone itself; death occurred on the fifth day. No autopsy was held; there were no symptoms present of peritonitis or infiltration, but only symptoms which we observe in a gangrenous abscess of the retro-pubic cellular tissue.

M. Despres thought that the statistics of this operation in France were of no avail, since the operation was generally performed when no other one seemed feasible. According to his experience the operation was indicated in young subjects and in adults when the bladder was in a good condition. (T. M. S.)

BICROMATE OF POTASH.—This remedy has a peculiar effect upon mucous membranes. It so changes the functions of the mucous follicles as to cause them to secrete a tough, ropy mucus from the nose, mouth and throat. In mucous and membranous croup, better results are obtained from its use than from any other remedy. In chronic laryngitis and bronchitis, with tough, stringy expectoration, it is one of our most useful remedies. Use the first decimal trituration, adding two or three grains to half a tumbler of cold water, or enough to make the water a little yellow. Dose, a teaspoonful every hour or half-hour.—*Ex.*

[We copy the above from the August number of the *Southern Medical Record*, because it shows so plainly the character of the process by which our old school brethren, while loudly proclaiming that the name "Homoeopathy" denotes nothing tangible, are rapidly absorbing the ripest products of homoeopathic teaching and experience. The little "Ex." at the end, of course, means that the item was taken from a source which the editor was afraid to indicate more distinctly, and yet a page or two further on we find him entering the following high-toned protest: "So far as this journal is concerned, we have never intentionally appropriated any matter from other journals without giving credit. The printers are instructed to be careful in attaching the credit. In the case of extracts they are expected to find the name of the journal at the bottom of the article and attach it."

But probably our chivalrous contemporary, having heard from its namesake in this city that "homoeopathy is practically dead," thinks there can be no possible danger in robbing a corpse.]

SUBCUTANEOUS INJECTIONS IN SYPHILIS.—M. Martineau (*Le Prog. Med.*) gives his experience in the use of mercuric or ammoniac peptone given subcutaneously for syphilitic infection. He has made 3,087 injections upon 173 patients. He gives the sublimate in doses of 0.010. Experiment had shown that this mercury was absorbed, and traces have been found in the urine of patients, in whom not more than 0.005 had been injected. The injections do not give rise to any pain or salivation even in doses of 0.010, provided that there are no lesions in the mouth. An interesting case is related, where for the last six weeks injections, varying in quantity from 2-7 milligrammes, had been employed. The patient had for the last two years presented grave symptoms of an abnormal syphilis. The smallest doses of mercury could not be taken without producing stomatitis. At the time of beginning the above treatment, he had been attacked with ulcerated syphilides of the head, which were very deep, and excessively sensitive, and a syphilitic fever severe enough to confine him to his room. At the 24th injection there was no longer any pain, ulceration, or fever. (T. M. S.)

FACTS IN PHYSIOLOGY.—There are 240 bones in the human body. The average number of teeth is 32. The weight of the circulating blood in a grown man is 28 pounds. The heart beats 75 times in a minute. It makes four beats while we breathe once, and sends 10 pounds of blood through the arteries every beat. Five hundred and forty pounds, or more than one hoghead, of blood passes through the heart every hour. Twenty-four hogheads and four gallons pass through the heart every twenty-four hours. The average weight of the adult man is 140 pounds 6 ounces. A man breathes from 17 to 20 times a minute, or about 1,200 times per hour. In the lungs are 174,000,000 cells, and the area of lung surface is thirty times greater than that of the entire body. The center of gravity is about one-third the distance between the umbilicus and os pubis. The average height of all nationalities is about five feet five and one-half inches.

THE CONDITION OF THE BONES IN HEMIPLEGICS.—M. Debove (*Le Prog. Med.*) was led to study this question from noticing that in hemiplegics the fractures were always seated upon the side of the hemiplegia and principally upon the humerus. A comparison of the bones on the sound and diseased side, showed those of the latter to be the lightest. On transverse section it was seen, either with the naked eye or microscope, that the medullary canal was larger, and the compact tissue thicker. The Haversian canals were increased in calibre and contained a large quantity of fatty matter. There is here then a true induration of bone, which explains the frequency of the fractures of these bones. The fractures, however, rapidly unite, and the callus is usually large. (T. M. S.)

DESTRUCTION OF THE CHANCERE AS AN ABORTIVE MEASURE IN SYPHILIS.—Ricord now says that he has completely abandoned the practice of cauterizing or of excising infecting chancres; that he considers the destruction of the infecting chancre to be absolutely useless at any period; as soon as it appears, before its appearance even, syphilis exists. If the penis were amputated on the appearance of the infecting chancre, syphilis would none the less be produced.

COLOCYNTH FOR FLATULENT COLIC.—[AN UNPRECEDENTED ADMISSION].—Dr. Lowry, of Shelbyville, has found tincture of *Colocynth*, in doses of one drop every ten minutes for an hour, and hourly afterward, a prompt remedy for colic. It causes rapid expulsion of flatus and other contents of the bowels. *This was first recommended by Hahnemann, and is another proof that he had some germs of wholesome truth at the root of his homoeopathic fungus.*—*Louisville Med. News.*

POTASSIUM IODIDE IN ANEURISM OF AORTA.—Dr. Kretzschmar and Westbrook presented to the Kings Co. Med. Society (*Proceedings* Nov.) a case which is described as very remarkable for two reasons, viz.: First, the well-defined and visible effects of the drug on the aneurismal sac; and second, the enormous quantity of *Potassium iodide* which the patient had taken, without any perceptible injurious effects on the general system.

The patient was a man aged fifty, of powerful frame, a shipsmith by trade. He first came under treatment in February, 1881, about April 10. He was presented and examined by Prof. S. G. Armor, before the medical class of the Long Island College Hospital, when it was said that the probabilities were that the patient would not live until next clinic day, which is once every week. April 30th the following plan of treatment was laid down: The patient was told to lie in bed or on the sofa all the time, to have a light diet with as little meat as possible, and to abstain from fluids as much as he could. In addition to this, he was ordered to take, four times a day, a tablespoonful of a mixture, each dose of which contained 60 grains of *Iodide of potassium*—240 grains daily.

Constant and moderate pressure was applied to the tumor, by means of an appliance made by the patient himself.

After two weeks, no bad effect of the *Iodide* being observed, the dose was increased to 340 grains daily. During the early part of May the size of the tumor seemed to diminish, while all the other unpleasant symptoms were greatly mitigated after large doses of *Iodide of potassium* had been taken for a week.

The dose was increased on May 17 to 480 grains (one ounce) daily. Under the influence of these enormous doses of *Iodide* the tumor melted away, and the patient gained strength daily.

June 1, the patient procured one pound of *Potassium iodide*, and taking 600 grains daily it lasted him for just twelve days.

During the early part of June, and while he was taking 600 grains of *Iodide*, did the patient complain for the first time of such symptoms as are usually described as "Iodism"—general malaise, a bitter taste in the mouth, and a variety of gastric disturbances, were the prominent signs of the effect of the *Iodide*.

After June 18, the patient did not take his medicine regularly at all. An examination showed almost complete disappearance of the tumor.

Against positive instructions the patient is now again engaged in his former trade: and, though it seems almost incredible, the man who had, less than six months ago, a large aneurism of one of the large vessels of the trunk is to-day swinging his hammer, and fills an occupation which requires the greatest physical strength and exertion.

EXTERNAL VERSION.—The conclusions of Dr. Hubert (*Lyon Medicafe*) regarding version by external manipulation, upon the experience of thirty-four trials, in all but one of which he was successful, are as follows: (1.) External version should be done before labor begins, or as soon as possible after it has set in. (2.) It may be practicable, however small the amount of liquor amnii, and sometimes even after its escape. (3.) As a rule we should bring down the pole of the fetus which is nearest to the centre of the pelvis. (4.) The mother's abdomen should be relaxed to the utmost, and the manœuvres should be practiced in the intervals between the pains. (5.) The contra-indications of the operation are few, and its advantages are indisputable.

SUGAR OF MILK AS A LAXATIVE.—A writer in the *Deutsche Med. Wochenschrift* recommends *Sugar of milk* as an efficient and agreeable laxative. He gives from a quarter to half an ounce in half a pint of warm water, or of milk and water, fasting, in the morning.

JENNER AND HOMŒOPATHY.—The President of the Royal College of Physicians, England, would not, we presume, feel very greatly pleased if informed that his illustrious relative, the discoverer of vaccination, not only recognized the law of Homœopathy, but obeyed it in his practice; yet such appears to have been actually the case.

In the paper on "The Prevention of Small-pox," which was recently published by Jenner's old pupil, Mr. Jos. Hands, M.R.C.S., occurred the following passage:

"Dr. Jenner was accustomed to employ *Tartar emetic*, internally and externally, as a curative in his treatment of variola or small-pox. He was quite aware, to my own knowledge, that this salt, when applied to the skin or taken internally in large doses, produced an eruption exactly resembling small-pox; which fact led him to employ this drug when treating cases of variola."

This testimony is precise and unimpeachable. As it is not likely that Jenner was influenced by anything he might have heard respecting Hahnemann or his theories; and as vaccination is so obviously a homœopathic expedient, there can be little doubt that both these great men arrived, by independent paths, at the same therapeutic generalization.

MATERNAL IMPRESSIONS.—One's unbelief regarding the influence of maternal impressions is almost staggered by a report (*Amer. Jour. Med. Sci.*, Jan. 1881) of a most curious case under care of Dr. Wm. Hunt, of Pennsylvania Hospital. A woman eight and a half months pregnant was admitted for extensive burns of arms, legs, and back, of which she died in three days, having given birth to a stillborn child the day following the injury. The fetal heart-sounds were heard within six hours of birth. The important fact to record is that the child was apparently burnt and blistered in extent and places almost exactly corresponding to the injuries of the mother. The blisters on the child were standing out fresh and full as though recently formed, and in places the derm was also involved, as in the mother. Various explanations—pempigous, syphilis, maceration, etc.—were considered untenable.

CHEMICAL RESTRAINT AND ALCOHOL.—Dr. Prichard Davies says: "The mechanical restraint of former ages is now-a-days changed to a chemical restraint, mostly produced by *Bromide of potash* and *Hydrate of chloral*. It is questionable whether the present method is not as bad as the former one, and it is certain that by and by it will be relinquished. The use of alcoholic stimulants is also an abuse which deserves to be abolished. Barming Heath, with its 1,200 patients (Kent County Asylum), gives a good example that the thing can be done, and although patients and nurses were at first opposed to the abolishment of the usual evening dose of chloral, all opposition ceased by prescribing for it some indifferent mixture, and now there is no more restlessness or disturbances in the Asylum than formerly."—*Jour. of Ment. Science*, Jan. 1881.

HOOR-GLASS CONTRACTION.—The drift of opinion in the New York and Philadelphia Obstetrical Societies seems to favor the view that such cases are due to spasmodic contraction of the internal os. Any one who has attempted to remove the placenta or membrane lodged on the cervix in an abortion, will appreciate this explanation of hour-glass contraction.

In the treatment of hour-glass contractions Dr. A. H. Smith has found hot water injections (115°) to answer an admirable purpose, relaxation taking place at once.

In uterine hæmorrhage cold may be speedily and advantageously applied by means of sulphuric ether, which can be poured slowly on the abdomen if an aspirator be not at hand.

RELATION BETWEEN OPHTHALMOSCOPIC CONDITIONS AND INTRACRANIAL DISEASE.—Dr. Bouchut read a paper on this subject at the International Medical Congress. We copy the abstract.

The author holds that all the important diseases of the brain and cord, as well as the serious diathetic diseases, may be recognized by ophthalmoscopic examination, and he applies the term *cerebroscopy* to this use of the method.

Thus, congestion and swelling of the optic nerve indicate congestion of brain, meningitis, compression of brain, or commencing spinal disease. Oedema of disc and neighboring retina shows oedema of meninges and obstruction to circulation in the sinuses and meningeal veins, in tubercular meningitis, in acute and chronic hydrocephalus, in cerebral hemorrhage, in certain cerebral tumors, accompanied by encephalitis, etc. Retinal varices and thromboses indicate thromboses of the sinuses and meningeal veins. Miliary aneurisms of the retinal arteries show miliary aneurisms of the brain.

In fevers and diseases of the nervous system retinal hemorrhages indicate either compression of the brain by a copious effusion, hemorrhagic diathesis, cardiac obstruction to the cerebral circulation, or changes in the cerebral and retinal vessels caused by chronic albuminuria, glycosuria, syphilis and leucemia. Miliary tubercles of the retina and choroid show tuberculous of the brain or meninges. Lastly, in nervous diseases, atrophy of the disc or sclerosis of the optic nerve always indicates a disseminated sclerosis of the brain or of the anterior columns of the cord.

ACTION OF THE ELECTRIC LIGHTS ON VEGETABLES.—Dr. C. W. Siemens has been experimenting for some time upon the action of the electric light on vegetation. He concludes that chlorophyll is produced as under the action of sunlight, and also that plants do not require a period of rest during the twenty-four hours, as is popularly supposed. It was found necessary to interpose a sheet of clear glass between the arc and the plants, as otherwise the leaves presented a shrivelled appearance. As the clear glass does not cut off the luminous rays to any extent, it is supposed that the injurious effect of the naked arc is due to the highly refrangible, invisible rays in which the electric light is particularly rich, and which the glass absorbs. It was found that fruit brought to maturity under the influence of continuous light was capable of reproducing the plant. Dr. Siemens proposes utilizing the electric current during the daytime in mechanical operations, and using it for light during the night.

HOT WATER IN RIGID OS.—Dr. Albert H. Smith (*Phil. Med. Times*) urges the use of hot water injections to relax the cervix in tedious labor and thus hasten delivery. He has found the hot douche thoroughly and rapidly effectual in the first stage of normal labor at full term, almost equally rapid in a rigid condition as in an accidental premature labor, and more slowly, though with ultimate effect, in the induction of labor in a quiescent uterus. The patient being upon her back, and upon a large bed pan, two or three pints of water at a temperature of 110° to 115° are thrown with a Davidson's syringe against the os. In hemorrhage following labor the same plan is advocated; in these cases, however, the pipe of the syringe should be introduced within the uterus. It is better to add *Carbolic acid* or *Labarraque's* solution to the water.

RETENTION OF THE MENSES CAUSED BY IMPERFORATE HYMEN.—Tapping the membrane in the intervals between the periods is recommended—a slow emptying of the accumulation being considered preferable by authorities generally to the free incision and rapid evacuation. —*Amer. Jour. of the Med. Sci., July, 1891.*

A NEW ANÆSTHETIC.—In the *Chemical News* of April 2, 1880, Mr. W. Bowman Macleane is reported to have introduced a new anæsthetic to the members of the Odonto-chirurgical Society. This new nerve-killer is a combination of *Ethylene-dichloride* and ordinary *Nitrous Oxide*. The *Ethylene-dichloride* is placed on a sponge through which the *Nitrous Oxide* passes. Only a small quantity of the former is required. Anæsthesia results in from one and a half to two and a half minutes. The sensation is said to be more profound and agreeable than when *Nitrous Oxide* is used alone. Mr. Macleane has used the anæsthetic sixteen times without any unpleasant resulting symptoms. In only one case was there stertor. The pulse was slightly accelerated but strong, while there was a complete absence of lividity, so repulsive to the looker-on. The muscular system, also, instead of the rigidity characteristic of anæsthesia from *Nitrous Oxide*, was quite relaxed, thus greatly facilitating the manipulations of the operator. The society resolved to experiment with this mixture.

Ethylene-dichloride is composed of *Carbon Hydrogen* and *Chlorine* in the following proportions: $C_2H_2Cl_2$. It is a colorless liquid, having a specific gravity of 1.271 at a temperature of zero (centigrade); it has a pleasant, ethereal odor, and a sweetish taste; it boils at 85.5 (C). It is easily soluble in *Ether* and *Alcohol*, but insoluble in water. Passed through a red hot tube it is decomposed into *Carbon*, *Hydrochloric acid*, and *Carbon dihydrate*. It burns with a bluish-green flame. A solution of *Potassium hydrate* in *Alcohol* converts it into *Ethylene-Monochloride* by abstracting *Hydrochloric acid*. *Ethylene-dichloride* is obtained by the direct action of *Chlorine* on *Olefiant gas*, and also by treating *Alcohol* with *Chloride of phosphorus*.

TYPHOID FEVER AMONG AGED PEOPLE.—Dr. Josias (*Therap. Gaz. from La France Medicale*) observes that the fever in young and old persons is very different. The onset in the aged is insidious, the prodromata lengthy and characterized by a general fatigue and an enervating lassitude; cephalalgia appears often; diarrhoea is almost constant, the examination of the thoracic organs is negative; the temperature is little elevated. The other symptoms are similar in all ages. Weakness is the predominant symptom. It is singular, however, that the lungs, the heart, and the nervous system show no lesion whatever, and the patient dies peacefully without a shock. Convalescence from typhoid is slow, and the disease often fatal among old people.

HOT-WATER TREATMENT OF EPITHELIOMA.—Dr. A. H. Phinney (*New York Record*) reports a case of epithelioma, on the left temple. The diagnosis was confirmed and tumor cut out, by Prof. Donald McLean, of Ann Arbor, in Nov., 1876. The tumor soon returned, and in a year had grown to large dimensions, being three or four inches square and reaching from the ear forward, including the conjunctiva, and interfering with mastication. At this stage, the use of hot water was commenced. It was applied four or five times a day, as hot as could be borne. This was continued for six months, and resulted in a complete cure. Patient has remained well during three years since. The Doctor thinks that the cancer cells were destroyed by the high temperature, or else that the morbid products were removed by the excessive "stimulation of the vaso-motor system."

ALOPECIA OF THE EYEBROW.—Alopecia of the eyebrow is a symptom which should at once put the physician upon the trail of diagnosing syphilis. It acts precisely as it does upon the head, that is, that sometimes it renders the eyebrow thin, sometimes removes the hair completely to a greater or less extent. When the eyebrow is discovered broken by a bald line, this single symptom is almost pathognomonic of syphilis. —*Four-nier, Jour. de Med. et Chirurg.*

MICHIGAN UNIVERSITY.

Dr. E. C. Franklin, late Dean of Michigan University (Dept. of Homoeopathy), we learn is about to return to his old home in St. Louis, where he will have a much larger field for usefulness. There must be something in the atmosphere of Ann Arbor antagonistic to professional unity, for ever since this college was established there has been war and rumors of war almost constantly.

The University ought to establish a chair of homoeopathic therapeutics, upon the same grounds as its others—with the usual examination, which would accomplish compulsory attendance, thereby making the separate school superfluous—and place Prof. S. A. Jones in it. When such a step as this can be taken, then we shall see the barriers fall, and with this end we should not allow our theories to interfere.

Let us confine ourselves in teaching to demonstrable facts, and in the use of drugs to some probable quantity rather than to a possible drug presence, and then we shall gain greater power in our argument with old physic, as no time will be lost in attempting to prove the potency of our agents.

We like the plan of Prof. C. Wesselhoft, respecting the standard limit of attenuated medicines, and believe that the adoption of some such mode would give our cause a substantial impetus and standing in the arena of science.

"PREMATURE."—The officers of the American Institute have the chagrin of again revising the doings of this august body, which stands charged with "premature" action. We know and care nothing for the bearings in this matter, excepting that they indicate a lack of proper deliberation on the part of the Institute; and we simply want to say that there has been too much of this prematurity for the good of the cause.

If there is anything in these meetings of service to the cause in a locality, we should say that there is more need of such missionary work South than West. We do not wonder that the bearer of the invitation to meet in Richmond is indignant at the position in which he is placed by this action.

THE COLLEGE AGAIN.—The revamping of a third-rate medical college, under a new name, is the latest departure in medical education; and we question the honor to the venerable deceased in the use of his name! The everlasting multiplication of medical colleges should end, and the interests of medical education demand protection from this horde. Is there no authority competent to deal with the problem? The American Institute could do no better work than to overhaul these doings, and insist upon a certain standard of merit for recognition!

RUDOLPH HERING, C. E., son of the late Dr. C. Hering, has presented to the National Board of Health a report, for which great credit is due, of the results of an examination made in 1880 of several sewerage works in Europe, and a copy of the same lies before us. It would be useless to attempt a summary of this elaborate treatise; and those interested in the subject should obtain a copy of the publishers.

The new wing of the Brooklyn Homoeopathic Hospital, No. 109 Cumberland street, is now completed ready for occupancy, and the Ladies' Aid Association held a reception on Wednesday evening, January 11, 1883, at which a large assemblage of the friends of the institution participated. This model hospital is doing excellent service.

The Tenth Annual Report of the Brooklyn Maternity and New York State School for Training Nurses, shows this excellent institution to be in a most prosperous condition.

At the last meeting of the Medico-Psychological Association in London, Lord Shaftesbury, who has for years been a Commissioner of Lunacy, said that when, in 1828, he first began investigating lunacy, it was the practice in one house he visited to chain down every evening from 20 to 250 patients in their cribs, and leave them there until six o'clock the next morning, unvisited by a soul, and provided merely with bread and water. Dr. Bucknill said that about 1815, in the case of an institution at York, understood to have been burned down to hide the record of its iniquities, there was ample evidence to prove that in one room many women were always chained down, utterly nude.

Dr. Morrell Mackenzie has invented an œsophagoscope with which a person can view the lining membrane of the œsophagus, and possibly even catch a glimpse of the stomach. The œsophageal part consists of two parallel bars, which, after introduction, are opened by an arrangement at the handle and rings separating the bars. A laryngoscope mirror is attached to the end of the handle.—*Brit. Med. Jour.*

THE six healthiest cities in the United States: Utica, Springfield, Lawrence, Omaha, Providence, and Cambridge.

The six unhealthiest: Memphis, Charleston, St. Paul, Buffalo, Pittsburgh, and Mobile.

The six unhealthiest in the world: Memphis, Alexandria, Charleston, St. Paul, Warsaw, and Havana.—*Sanitarian.*

A NEW green-room puzzler may be developed out of the alleged fact that for forty-eight hours after a mosquito has supped on a man, the human blood corpuscles continue to exist in the blood of that insect. Imagine the perplexity of the candidate to whom is addressed the following: Young man, in what animal other than man can be found the red human corpuscle?

CHINESE WOMEN sell their milk for about fifty cents a pint. The milking is performed in public to insure purity. It is highly esteemed as a nourishing diet for old people and consumptives.—*N. Y. Med. and Surg. Jour.*, April, 1881.

THE N. Y. OPHTHALMIC HOSPITAL reports for Dec.: Prescriptions, 4,153; new patients, 443; patients resident, 16; average daily attendance, 160; largest, 210.

DR. N. EMMONS PAINE is spending the winter at Salem, Washington Co., N. Y., and, we are very happy to hear, is steadily regaining his health.

THREE MONTHS FREE.—New subscribers remitting for Vol. X. at once, shall have the numbers for January, February and March free!

THE physicians of "our School" have established a library and reading-room in Philadelphia, under most favorable auspices.

THE annual meeting of the State Society will be held in the "Court of Appeals Room," New Capitol, Albany, Feb. 14 and 15.

CHICAGO has most justly divided her Charity Hospital between the two Schools of medicine, the "Old" and the "New."

MARRIED.—Crawford-Barclay. On Dec. 23d Dr. J. S. Crawford and Miss Belle J. Barclay, both of Greensburg, Pa.

DR. HOWARD S. PAINE has removed from Orange, N. J., to 105 State street, Albany, N. Y.